



National Resource Center on Homelessness and Mental Illness

Cultural Competence

July 2003

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Order #: 2316

Authors: Abebimpe, V.R.

Title: Race, Racism, and Epidemiological Surveys.

Source: Hospital and Community Psychiatry 45(1): 27-31, 1994. (Journal Article: 5 pages)

Abstract: This article explores issues of race and racism in the interpretation of data concerning racial differences in rates of mental disorders. The author describes factors in the treatment experiences of black and white patients that may lead researchers to find questionable disparities in prevalence rates. These factors include likelihood of involuntary commitment, composition of research samples, and accuracy of psychological tests. Results from the Epidemiologic Catchment Area Study conducted in St. Louis, MO., which found only modest differences in prevalence rates between black and white patients, are also examined. The author suggests guidelines for improving research methods and designs, including documenting the ethnic composition of samples and using structured diagnostic assessments (author).

Order #: 8390

Authors: Alvidrez, J.

Title: Ethnic Variations in Mental Health Attitudes and Service Use Among Low-Income African American, Latina, and European American Young Women.

Source: Community Mental Health Journal 35(6): 515-529, 1999. (Journal Article: 15 pages)

Abstract: This article examines the predictors of mental health service use among patients in an ethnically diverse public-care women's clinic. While waiting for their clinic appointments, 187 Latina, African American and White women were interviewed about their attitudes towards mental illness and mental health services. White women were much more likely to have made a mental health visit in the past than the ethnic minority women. Having a substance use problem, use of mental health services by family or friends, and beliefs about causes of mental illness were all predictors of making a mental health visit. (author)

Order #: 11471

Authors: Amaro, H., Raj, A., Vega, R.R., Mangione, T.W., Perez, L.N.

Title: Racial/Ethnic Disparities in the HIV and Substance Abuse Epidemics: Communities Responding to the Need.

Source: Public Health Reports 116(5): 434-448, 2001. (Journal Article: 15 pages)

Abstract: In 1998, community leaders prompted members of the Black and Hispanic Congressional Caucuses to urge President Clinton to declare HIV/AIDS a crisis in the African American and Latino communities; their advocacy resulted in the formation of the Minority AIDS Initiative. As part of this initiative, the Center for Substance Abuse Prevention (CSAP) of the Substance Abuse and Mental Health Services Agency funded the Substance Abuse and HIV Prevention Youth and Women of Color Initiative (CSAP Initiative). The CSAP Initiative is the first major federal effort to develop community-based integrated HIV and substance abuse prevention approaches targeting racial/ethnic populations that have been disproportionately impacted by HIV/AIDS. This article describes the current state of HIV prevention research involving racial/ethnic minority populations and the current status of the CSAP Initiative. The data collected through the CSAP Initiative, implemented by 47 community organizations, will help to fill the existing knowledge gap about how to best prevent HIV in these communities. This data collection effort is an unparalleled opportunity to learn about risk and protective factors, including contextual factors, that are critical to the prevention of HIV/AIDS in the African-American, Latino, and other racial/ethnic minority communities but that are often not investigated (authors).

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- Authors:** American Psychological Association. **Order #: 2795**
- Title:** **Guidelines for Providers of Psychological Services to Ethnic, Linguistic, and Culturally Diverse Populations.**
- Source:** Washington, DC: American Psychological Association, 1990. (Resource Guide: 6 pages)
- Abstract:** Service providers need a sociocultural framework to consider diversity of values, interactional styles, and cultural expectations in a systematic fashion. Knowledge and skills for multicultural assessment and intervention, including recognizing diversity and understanding the relationship of culture, gender, and sexual orientation to behavior and needs are essential for treatment. The guidelines cover all areas of service delivery to ethnic, linguistic and culturally diverse populations.
- Available From:** Office of Ethnic Minority Affairs, American Psychological Association, 750 First Street, N.E., Washington, DC 20002-4242, www.apa.org/pi/oema/. (FREE)
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- Authors:** Applewhite, S.R., Wong, P., Daley, J.M. **Order #: 2379**
- Title:** **Service Approaches and Issues in Hispanic Agencies.**
- Source:** Administration and Policy in Mental Health 19(1): 27-37, 1991. (Journal Article: 11 pages)
- Abstract:** This exploratory study, conducted in Arizona, sought to broaden the understanding about mental health service delivery to Hispanic clients and more specifically, to understand how agency administrators perceive the cultural relevance of their service approaches to Hispanic clients. Findings indicate that a pattern of perceived efficacy in service delivery was evident as the agency administrators regarded themselves as uniquely equipped to serve Hispanic clients effectively. However, in spite of this, problems in serving clients were often associated with individual and economic barriers, bureaucratic obstacles, cultural and language barriers, perceptual barriers, and obstacles in client-practitioner matching. The authors contend that the underlying issue is not whether agencies are providing services to Hispanic clients, but whether these agencies can provide effective culturally relevant services using mainstream approaches to mental health services (authors).
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- Authors:** Arredondo, P., Toporek, R., Brown, S.P., Jones, J., Locke, D.C., Sanchez, J. Stadler, H. **Order #: 8867**
- Title:** **Operationalization of the Multicultural Counseling Competencies.**
- Source:** Journal of Multicultural Counseling and Development 24: 42-78, 1996. (Journal Article: 38 pages)
- Abstract:** For the first time in the history of the profession, competencies to guide interpersonal counseling interactions with attention to culture, ethnicity, and race have been articulated. The Professional Standards and Certification Committee was charged to develop multicultural counseling competencies. They were also asked to provide additional clarification to the revised competencies and to specify enabling criteria as well. This objective has been addressed through this document.
- Available From:** National Health Care for the Homeless Council, PO Box 60427, Nashville, TN 37206-0427, (615) 226-2292, <http://www.nhchc.org>.

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- Authors:** Arthur, T. **Order #: 8880**
- Title:** **Issues in Culturally Competent Mental Health Services for People of Color.**
- Source:** Psychiatric Rehabilitation Skills 4(3): 426-447, 2000. (Journal Article: 22 pages)
- Abstract:** Addressing cultural diversity and differences is relatively new phenomenon in the mental health arena. This article will attempt to point out some of the challenges faced, the barriers to be addressed, and historical problems that exist. Also, some suggestions will be put forth to help mental health professionals and organizations work toward becoming more culturally competent. This article will not deal with any particular culture in depth, but will attempt to identify and highlight the common cultural barriers that exist with Asians, Hispanics/Latinos, Native Americans, and African Americans that must be addressed by the mental health system to achieve cultural competency (author).
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- Authors:** Ayonrinde, O. **Order #: 8308**
- Title:** **Black, White, or Shades of Grey: The Challenges of Ethnic and Cultural Difference (or Similarity) in the Therapeutic Process.**
- Source:** International Review of Psychiatry 11(2/3): 191-196, 1999. (Journal Article: 6 pages)
- Abstract:** The author states that the challenges and limitations of the psychiatrist working with minority ethnic populations have received wide coverage. However, there is a dearth of literature on the black or minority psychiatrist working with white or black patients. Using vignettes, this article discusses the challenges posed by ethnic and cultural difference or similarity in the therapeutic process. By emphasizing the meaning of difference in the clinical transaction the article highlights the need for awareness of the process. The author concludes that the ethnic minority psychiatrist may find himself in the unique position of being neither "black" nor "white" but "shades of gray" (author).
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- Authors:** Baker, S.G. **Order #: 2302**
- Title:** **Gender, Ethnicity, and Homelessness: Accounting for Demographic Diversity on the Streets.**
- Source:** American Behavioral Scientist 37(4): 476-504, 1994. (Journal Article: 9 pages)
- Abstract:** This article examines demographic diversity among the homeless along two key dimensions: gender and ethnicity. Recent research has uncovered interesting contrasts in both the incidence of homelessness and the nature of the homeless experience for men and women, and for white and non-white populations. The author reviews these research findings and considers their implications regarding the understanding of homelessness and the development of effective social policy initiatives (author).

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Order #: 6438

Authors: Baker, S.G.

Title: Homelessness and the Latino Paradox.

Source: In Baumohl, J. (ed.), Homelessness In America. Phoenix, AZ: Oryx Press, 132-140, 1996. (Book Chapter: 9 pages)

Abstract: The author explains that although research shows an overrepresentation of racial and ethnic minorities in the homeless population, Latinos, of diverse national origins, tend to be underrepresented, in areas as diverse as Los Angeles, San Antonio, and New York. This chapter examines two competing explanations for this "Latino paradox." The first asserts that the difference in African American and Latino homelessness rates is not real--that it is a result of using flawed methods to assess the composition of the homeless population. The second accepts the validity of the discrepant rates that have been reported and asserts that differences in African American and Latino risk factors explain the paradox. The author reviews findings about race and ethnicity in studies of homeless populations; examines biases in homelessness studies that may result in African American oversampling and Latino under sampling; and examines evidence supporting the view that the risk factors associated with homelessness truly differ by race/ ethnicity.

Available From: Greenwood Publishing Group, 88 Post Road West, Westport, CT 06881, (203) 226-3571, www.greenwood.com.

Order #: 8623

Authors: Barrio, C.

Title: The Cultural Relevance of Community Support Programs.

Source: Psychiatric Services 51(7): 879-884, 2000. (Journal Article: 6 pages)

Abstract: The research and practice literature was examined to determine whether community support programs are responsive to ethnocultural issues and to derive strategies for developing culturally relevant programming. Great variation exists across cultures in family practices, conceptions of mental illness, stigma attributed to mental illness, and expectations of the provider system. Ethnic minority cultures are typically centered on the family, whereas Western European cultures characterized as more individualistic and as valuing independence. Research shows that some rehabilitation approaches based on Western models may produce adverse effects when used with patients from ethnic minority groups. Community support programs should incorporate cultural factors into psychosocial assessments, train staff to conduct ethnographic interviews, and use focus groups to gain an understanding of the cultures of clients they serve (authors).

Order #: 5944

Authors: Belcher, J.R.

Title: Poverty, Homelessness, and Racial Exclusion.

Source: Journal of Sociology & Social Welfare 19(4): 41-54, 1992. (Journal Article: 15 pages)

Abstract: This article reviews the societal forces that have made homelessness the end result of racial exclusion and inner city isolation. It argues that significant societal change is necessary to reduce racial exclusion and prevent homelessness. The author proposes the following set of elements to begin the change to bring about reform: first, national leaders must declare that the plight of many inner city African-Americans has reached crisis proportions; second, a strong national leadership has to be willing to risk offending entrenched elites, such as lending institutions; and third, an agenda for change to address severe and persistent poverty must be developed and implemented (author).

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- Authors:** Bernal, H. **Order #:** 3359
- Title:** A Model for Delivering Culture-Relevant Care in the Community.
- Source:** Public Health Nursing 10(4): 228-232, 1993. (Journal Article: 5 pages)
- Abstract:** The increase in cultural diversity of the urban populations of the United States is presenting a challenge for the delivery of culturally relevant care by community health care nurses. The author developed a model for delivering such care built on key theoretical concepts derived from community health nursing, transcultural nursing, self-efficacy, and social support theories (author).
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- Authors:** Betancourt, J., Green, A., Carrillo, E. **Order #:** 11737
- Title:** Cultural Competence in Health Care: Emerging Frameworks and Practical Approaches.
- Source:** New York, NY: The Commonwealth Fund, 2002. (Report: 30 pages)
- Abstract:** The field of cultural competence has recently emerged as part of a strategy to reduce disparities in access to and quality of health care. Since this is an emerging field, efforts to define and implement the principles of cultural competence are still ongoing. To provide a framework for discussion and examples of practical approaches to cultural competence, this report set out to evaluate current definitions of cultural competence and identify benefits to the health care system by reviewing the medical literature and interviewing health care experts in government, managed care, academia and community health care delivery. It also identifies models of culturally competent care and determines key components of cultural competence and develops recommendations to implement culturally competent interventions and improve the quality of health care.
- Available From:** The Commonwealth Fund, One East 75th Street, New York, NY 10021, (212) 606-3800, www.cmwf.org
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- Authors:** Biegel, D.E., Song, L., Milligan, S.E. **Order #:** 3149
- Title:** A Comparative Analysis of Family Caregivers' Perceived Relationships with Mental Health Professionals.
- Source:** Psychiatric Services 46(5): 477-482, 1995. (Journal Article: 6 pages)
- Abstract:** This article examines the nature, extent of involvement, and perceived satisfaction of a group of white upper-middle class family caregivers with the mental health professionals who provide care for their ill family member. The findings are compared with data from a similar sample of caregivers almost a decade earlier to examine trends over time, as well as with findings from a more recent study of black and white caregivers at a lower socioeconomic level to explore differences related to social class and income. Findings indicate that a significant minority of caregivers were dissatisfied with their involvement with mental health professionals. Many were frequently not consulted about their family member's treatment, nor were they given adequate information and advice about the family member's illness. However, black caregivers, who had a wider range of involvement with mental health professionals, were significantly more satisfied with the involvement than were white caregivers (authors).

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Order #: 9897

Authors: Brach, C., Fraser, I.

Title: Can Cultural Competency Reduce Racial and Ethnic Health Disparities? A Review and Conceptual Model.

Source: Medical Care Research and Review 57: 181-217, 2000. (Journal Article: 35 pages)

Abstract: This article develops a conceptual model of cultural competency's potential to reduce racial and ethnic health disparities, using the cultural competency and disparities literature to lay the foundation for the model and inform assessments of its validity. The authors identify nine major cultural competency techniques: interpreter services, recruitment and retention policies, training, coordination with traditional healers, use of community health workers, culturally competent health promotion, including family/community members, immersion into another culture, and administrative and organizational accommodations. The conceptual model shows how these techniques could theoretically improve the ability of health systems and their clinicians to deliver appropriate services to diverse populations, thereby improving outcomes and reducing disparities. The authors conclude that while there is substantial research evidence to suggest that cultural competency should in fact work, health systems have little evidence about which cultural competency techniques are effective and less evidence on when and how to implement them properly (authors).

Order #: 3265

Authors: Brislin, R.W. (ed.).

Title: Applied Cross-Cultural Psychology.

Source: Newbury Park, CA: Sage Publications, 1990. (Book: 367 pages)

Abstract: This book provides an overview of cross-cultural psychology. It outlines the potential contributions of a cross-cultural orientation to the resolution of social problems and describes a wide range of theoretical and applied models. Chapters cover topics such as cross-cultural psychology in clinical settings, how it applies to families, home-based interventions, acculturation processes, and issues concerning cultural and behavior (author).

Available From: Sage Publications, Inc., 2455 Teller Road, Thousand Oaks, CA 91320, (805) 499-0721, www.sagepub.com.

Order #: 12399

Authors: Butterfield, M.

Title: Gender Differences in Hepatitis C Infection and Risks Among Persons with Severe Mental Illness.

Source: Psychiatric Services 54(6):848-853, 2003. (Journal Article: 6 pages)

Abstract: In this article, the authors assessed gender differences in hepatitis C infection and associated risk behaviors among persons with severe mental illness. The article discusses a study done with 777 patients from four sites. The authors claim that across sites, the rate of hepatitis C infection among men was nearly twice that among women. Clear differences were noted in hepatitis C risk behaviors. The article states that men had higher rates of drug-related risk behaviors, while women had significantly higher rates of lifetime sexual risk behaviors. The authors conclude that gender differences in the lifetime rates of drug risks explain the higher rates of hepatitis C infection among men with severe mental illness (authors).

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- Authors:** Casimir, G.J., Morrison, B.J. **Order #: 2446**
- Title:** **Rethinking Work with Multicultural Populations.**
- Source:** Community Mental Health Journal 29(6): 547-559, 1993. (Journal Article: 13 pages)
- Abstract:** This article examines the importance of ethnic and cultural factors in mental health care and in mental illnesses. The authors consider race and culture in the diagnosis and treatment of mental illness by examining patterns of service utilization for multicultural populations. The authors also advocate for policies that support multicultural initiatives in public mental health (authors).
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- Authors:** Center for Mental Health Services. **Order #: 8787**
- Title:** **Cultural Competence Standards in Managed Mental Health Care Services: Four Underserved/Underrepresented Racial/Ethnic Groups.**
- Source:** Rockville, MD: Center for Mental Health Services, 2000. (Report: 74 pages)
- Abstract:** This report was developed as the result of the separate and joint work of four national panels which were formed to develop cultural competency standards in mental health services for four racial/ethnic groups: African American; Asian/Pacific Islander; Latino/Hispanic; and Native American/American Indian/Native Alaskan/Native Hawaiian. The end product of these panels, this report, is both a series of standards for culturally competent care in managed behavioral health care settings and an implementation plan. The former is a roadmap leading to the kind of relevant, culture-imbued, locally "built" mental health services that best, and individually, serve those in need. The latter addresses specific mechanisms through which the standards may be achieved, such as personnel hiring and management, marketing plans for community partnership building, funding strategies, and quality assurance through monitoring and improvement.
- Available From:** SAMHSA's National Mental Health Information Center, PO Box 42490, Washington, DC 20015, (800) 789-2647, www.mentalhealth.org/publications/allpubs/sma00-3457/default.asp#toc
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- Authors:** Center for Substance Abuse Treatment. **Order #: 12193**
- Title:** **Appendix C--Cultural Competence.**
- Source:** In Simple Screening Instruments for Outreach for Alcohol and Other Drug Abuse and Infectious Diseases: Treatment Improvement Protocol Series 11. Washington, DC: U.S Department of Health and Human Services, SAMHSA, CSAT, 2002. (Book Chapter: 12 pages)
- Abstract:** This appendix includes two articles on cultural competence. The first article, "Cultural Sensitivity: Treatment for Diversity," was published in the July/August 1992 issue of The Counselor, a publication of the National Association of Alcoholism and Drug Abuse Counselors. For the article, the association invited several treatment professionals to share their views on prejudice and cultural sensitivity. The second article, "Self-Instruction to Prevent HIV Infection Among African-American and Hispanic-American Adolescents," was published in 1990 in the Journal of Consulting and Clinical Psychology, a publication of the American Psychological Association. The authors report the results of a study in which different interventions were used to instruct adolescents about avoiding behavioral risks for HIV infection (authors).
- Available From:** National Clearinghouse for Alcohol and Drug Information, P.O. Box 2345, Rockville, MD 20852, (800) 729-6686. www.health.org

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- Authors:** Center for Substance Abuse Treatment. **Order #: 8253**
- Title:** **Cultural Issues in Substance Abuse Treatment.**
- Source:** Rockville, MD: Center for Substance Abuse Treatment, 1999. (Monograph: 68 pages)
- Abstract:** It is critically important that substance abuse services acknowledge the patient's cultural strengths, values, and experiences while encouraging behavioral and attitudinal change. The provision of culturally competent service systems starts with an organizational, mission-oriented approach and is aided by documents such as this one. The intent of this monograph is to provide a tool to help providers and other substance abuse treatment professionals gain a greater understanding of the cultural, social, political, and economic forces affecting substance abuse treatment among the targeted populations.
- Available From:** National Clearinghouse for Alcohol and Drug Information, PO Box 2345, Rockville, MD 20847-2345, (800) 729-6686.
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- Authors:** Chow, J., Jaffee, K., Snowden, L. **Order #: 12377**
- Title:** **Racial/Ethnic Disparities in the Use of Mental Health Services in Poverty Areas.**
- Source:** American Journal of Public Health 93(5): 792-797, 2003. (Journal Article: 5 pages)
- Abstract:** This study examines the racial/ethnic disparities in mental health service access and use at different poverty levels. The authors compared demographic and clinical characteristics and service use patterns of Whites, Blacks, Hispanics, and Asians living in low-poverty and high-poverty areas. The authors assert that residence in a poverty neighborhood moderates the relationship between race/ethnicity and mental health service access and use. Disparities in using emergency and inpatient services and having coercive referrals were more evident in low-poverty than in high-poverty areas. The article concludes that neighborhood poverty is a key to understanding racial/ethnic disparities in the use of mental health services (authors).
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- Authors:** Cochran, B.N., Stewart, A.J., Ginzler, J.A., Cauce, A.M. **Order #: 11459**
- Title:** **Challenges Faced by Homeless Sexual Minorities: Comparison of Gay, Lesbian, Bisexual, and Transgender Homeless Adolescents with Their Heterosexual Counterparts.**
- Source:** American Journal of Public Health 92(5): 773-777, 2002. (Journal Article: 5 pages)
- Abstract:** The goal of this study was to identify differences between gay, lesbian, bisexual, and transgender (GLBT) homeless youths and their heterosexual counterparts in terms of physical and mental health difficulties. A sample of 84 GLBT adolescents was matched in regard to age and self-reported gender with 84 heterosexual adolescents. The two samples were compared on a variety of psychosocial variables. GLBT adolescents left home more frequently, were victimized more often, used highly addictive substances more frequently, had higher rates of psychopathology, and had more sexual partners than heterosexual adolescents. Homeless youths who identify themselves as members of sexual minority groups are at increased risk for negative outcomes. Recommendations for treatment programs and implications for public health are discussed (authors).

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- Authors:** Cohen, E., Stahler, G.J. **Order #: 11676**
- Title:** Life Histories of Crack-Using African American Homeless Men: Salient Themes.
- Source:** Contemporary Drug Problems 25 (2): 373-397, 1998. (Journal Article: 25 pages)
- Abstract:** This article examines a study done with in-depth life history interviews of 31 African American male crack-cocaine users in Philadelphia. Topics analyzed included the informants' extensive experience of early life disruptions, childhood trauma and interpersonal violence; the importance of street gang life and violence while growing up; the transitory and unstable nature of the men's employment histories; the development of their careers of drug use and dealing; the involvement of drinking and drugs in the transition to homelessness; and their view of treatment as a resource for a respite from the streets. The authors assert that the life histories revealed that physical and emotional abuse, loss of family members and friends, and exposure to violence were common among all participants. Gangs posed as important socialization for many of the men, and treatment programs were preferred to shelters by all men (authors).
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- Authors:** Coley, S.M., Beckett, J.O. **Order #: 5962**
- Title:** Black Battered Women: Practice Issues.
- Source:** The Journal of Contemporary Social Work 69(8): 483-490, 1988. (Journal Article: 8 pages)
- Abstract:** Although domestic violence occurs among all racial/ ethnic groups, little attention has been paid to African American women who are battered. This article discusses six culturally sensitive issues with this group of women and offer suggestions for practice. The authors examine the reasons African American women have a higher reluctance than other women to enter a shelter system. Physical environment and interpersonal atmosphere were primary factors. Other topics addressed include family and child relations, shelter policy, staff training, counseling, and community outreach. The authors conclude that social workers need additional training and increased sensitivity in order to successfully work with African American women.
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- Authors:** Connery, L., Brekke, J. **Order #: 7781**
- Title:** A Home-Based Family Intervention for Ethnic Minorities with a Mentally Ill Member.
- Source:** Alcohol Treatment Quarterly 17(1/2): 149-167, 1999. (Journal Article: 19 pages)
- Abstract:** This article presents the background, development, and content of a manualized home-based family intervention for ethnic minority families with a seriously mentally ill member. The development of this homelessness prevention intervention is based on the premise that the client's home is the most effective venue for achieving long-term positive outcomes from mental health service. The service plan consists of strategies for coping with mental illness, the extended provider role, family skill development, family support services, family groups, and family respite. The agency within which this intervention is implemented is an Integrated Services Agency which serves the highest utilizers of the most costly services in the public sector.

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Order #: 11992

Authors: Coridan, C., O'Connell, C.

Title: Meeting the Challenge: Ending Treatment Disparities for Women of Color.

Source: Alexandria, VA: National Mental Health Association, 2002. (Report: 22 pages)

Abstract: This report, based on research which clearly shows that women are more likely than men to experience co-occurring mental health and substance abuse/addiction disorders, focuses on the increased need women have for comprehensive treatment models. Due to the majority of persons who suffer from addictive disorders, women of minority status are often unaware of, or unable to access appropriate services. When women of color who have mental health problems, substance abuse/addiction and co-occurring disorders seek help, they can encounter inadequate and irrelevant treatment programs with little or no sensitivities to specific gender, racial and cultural issues. This report provides research-based information, strategies and action steps for grant writing and other funding, advocacy, coalition building, community services assessments and program development (authors).

Available From: National Mental Health Association, 1021 Prince Street, Alexandria, VA 22314, (800) 969-6642, www.nmha.org

Order #: 8045

Authors: Crawford, K., Fisher, W.H., McDermeit, M.

Title: Racial/Ethnic Disparities in Admissions to Public and Private Psychiatric Inpatient Settings: The Effect of Managed Care.

Source: Administration and Policy in Mental Health 26(2): 101-109, 1998. (Journal Article: 9 pages)

Abstract: This article investigates the effect of managed care on access patterns among people of color who are severely and persistently mentally ill. The distribution of admissions to public and private psychiatric hospitals was compared for African-American, Asian, Latino, and white case managed clients of the Massachusetts Department of Mental Health before and after implementation of Medicaid managed health care in October 1997. Managed care appears to have increased access to private services across all racial and ethnic groups, although admissions of non-white patients were still more likely to take place in publicly operated settings. The authors conclude these data suggest that equalizing access to putatively better inpatient treatment settings may be an externality of managed care (authors).

Order #: 12004

Authors: Critchfield, A.B.

Title: Meeting the Mental Health Needs of Persons who are Deaf.

Source: Alexandria, VA: National Technical Assistance Center for State Mental Health Planning, 2002. (Report: 64 pages)

Abstract: This report on meeting the mental health needs of persons who are deaf is the latest publication in the National Technical Assistance Center for State Mental Health Planning's Cultural Diversity Series, which explores the mental health needs of an increasingly diverse nation. This report makes it clear that policy makers, planners, providers and practitioners must work closely with members of the Deaf Community to fashion programs and strategies that meet their needs and that demonstrate a responsiveness to the issues of the Deaf Culture. Until relatively recently, people who are deaf with mental illness have been a silent minority, despite the fact that they experience mental disorders at the same, or in some cases a greater, rate than the general public. It is thus important for public mental health systems to recognize fully the presence of and needs of consumers who are deaf and to provide services and supports that meet their needs (authors).

Available From: National Technical Assistance Center for State Mental Health Planning, 66 Canal Center Plaza, Suite 302, Alexandria, VA 22314, (703) 739-9333, www.nasmhpd.org/ntac/.

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Order #: 2792

Authors: Cross, T.L., Bazron, B.J., Dennis, K.W., Isaacs, M.R.

Title: **Towards A Culturally Competent System of Care, Volume I: A Monograph on Effective Services for Minority Children Who Are Severely Emotionally Disturbed.**

Source: Washington, DC: Child and Adolescent Service System Program (CASSP), 1989. (Monograph: 75 pages)

Abstract: This monograph, the first in a two volume series, was developed to assist states and communities in addressing one of the primary goals of the Child and Adolescent Service System Program (CASSP)--that of appropriateness of care. It provides a philosophical framework and practical ideas for improving service delivery to children of color with serious emotional disturbances. This monograph addresses four sociocultural groups of color: African Americans, Asian Americans, Hispanic Americans, and Native Americans. It is not a "how to" document. Instead, it emphasizes the strengths inherent in all cultures and examines how the system of care can more effectively deal with cultural differences and related treatment issues (authors).

Available From: CASSP Technical Assistance Center, Center for Child Health and Mental Health Policy, Georgetown University Child Development Center, 3307 M Street, NW Suite 401, Washington, DC 20007-3935, (202) 687-5000 . (FREE)

Order #: 11551

Authors: Cultural Competence Workgroup for the Projects for Assistance in Transition from Homelessness (PATH).

Title: **Report of the Cultural Competence Workgroup for the Projects for Assistance in Transition from Homelessness (PATH).**

Source: Delmar, NY: Cultural Competence Workgroup for the Projects for Assistance in Transition from Homelessness (PATH), 2002. (Report: 19 pages)

Abstract: This report was developed to: define cultural competence in the context of the PATH program; identify guiding principles for the development of culturally competent services within PATH programs; suggest action steps to help implement these principles; and recommend self-assessment tools to help PATH programs judge the degree of cultural competence they have achieved. Cultural competence has been identified as a critical topic for PATH, a formula grant program that funds outreach and services to people with serious mental illnesses, and those with co-occurring substance use disorders, who are homeless or at risk of becoming homeless (authors).

Available From: Policy Research Associates, 345 Delaware Avenue, Delmar, NY 12054, (800) 444-7415, www.prainc.com.

Order #: 8865

Authors: Dana, R.H.

Title: **Cultural Competence in Three Human Service Agencies.**

Source: Psychological Reports 83: 107-112, 1998. (Journal Article: 6 pages)

Abstract: This article summarizes findings from applications of the Agency Cultural Competence Checklist in three human service agencies. This checklist was developed on the basis of published literature and culture-specific agencies were chosen to document checklist findings in settings known to be culturally competent. As anticipated, all three agencies were culturally competent in attitudes, although the range of mainstream agencies in which predominantly Euro-American providers serve minority populations (author).

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- Authors:** Dana, R.H. **Order #: 7877**
- Title:** Problems with Managed Mental Health Care for Multicultural Populations.
- Source:** Psychological Reports 83(1): 283-294, 1998. (Journal Article: 12 pages)
- Abstract:** This article suggests that the adequacy of contemporary psychopharmacological and psychological interventions for multicultural populations is either unknown or unsatisfactory. Historically, interventions in the United States were designed primarily for Euro-Americans and thus were culture-specific in derivation. Managed care has reduced the availability and quality of these interventions for all patients and further limited the range of possible options. Culturally competent mental health services are described and related to quality of care. A societal agenda for implementing cultural competence is suggested (author).
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- Authors:** Dana, R.H., Behm, J.D., Gonwa, T. **Order #: 8862**
- Title:** A Checklist for the Examination of Cultural Competence in Social Service Agencies.
- Source:** Research on Social Work Practice 2(2): 220-233, 1992. (Journal Article: 12 pages)
- Abstract:** Multicultural services are being provided by social service agencies in the absence of any clearly identified criteria for culturally competent practice. This article describes the development of a checklist of agency characteristics that are believed to represent cultural competence. The checklist content was derived by sampling articles from the compilation of relevant literature. This literature described existing services for minority groups and provided case examples of specific programs. Systematic procedures were used to select articles, abstract characteristics from these articles, and cluster these characteristics. A preliminary form of the checklist contains items related to agency practices, available services, relationship to ethnic community, training, and evaluation. Pilot applications in social service programs provided evidence for observer reliability and concurrent validity. A discussion suggested some needed revisions in this checklist and provided a context for the implied checklist definition of cultural competency (authors).
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- Authors:** Dana, R.H., Matheson, L. **Order #: 2675**
- Title:** An Application of the Agency Cultural Competence Checklist to a Program Serving Small and Diverse Ethnic Communities.
- Source:** Psychosocial Rehabilitation Journal 15(4): 101-105, 1992. (Journal Article: 5 pages)
- Abstract:** This brief report describes an ethnic minority/refugee mental health program in a community mental health center that serves a small multicultural population. In order to evaluate the efficacy of the program, the Agency Cultural Competence Checklist was completed by an outside observer during a four-hour visit. The results indicated almost complete agreement between the competency checklist and that of the program itself. The authors contend that further investigation of the usefulness of this checklist in human service agencies or systems appears to be justified (authors).

Cultural Competence

Order #: 2815

Authors: Davis, B.J., Voegtler, K.H.

Title: **Culturally Competent Health Care for Adolescents: A Guide for Primary Care Providers.**

Source: Chicago, IL: American Medical Association, 1994. (Monograph: 67 pages)

Abstract: This monograph is designed to facilitate delivery of health care to adolescents that takes into account cultural, socioeconomic, and other differences between patient and provider. By demonstrating respect for the adolescent, providers can maximize the effectiveness of health care management plans. The monograph provides a framework for understanding culturally competent care and practical ideas for improving providers' cultural competence. It is written for physicians, nurses, and other health professionals who provide primary care for adolescents (authors).

Available From: Department of Adolescent Health, American Medical Association, 515 N. State Street, Chicago, IL 60610, (312) 464-3307, www.ama-assn.org/ama/pub/category/1947.html.

Order #: 6880

Authors: Davis, K.

Title: **Managed Care, Mental Illness and African Americans: A Prospective Analysis of Managed Care Policy in the United States.**

Source: Smith College Studies in Social Work 67(3): 623-641, 1997. (Journal Article: 19 pages)

Abstract: The author analyzes managed care policy and processes using states rights framework to determine prospective impact on African-Americans with mental illness. Historical and current data on the health status of the American population is presented to show the different patterns of help-seeking, access, and utilization by race. The author concludes that as a result of the incongruence between managed care goals and processes and the service usage patterns of African Americans, managed care organizations may have limited incentives to serve this population. The author suggests that to counteract this tendency, managed care organizations need to develop/apply culturally competent guidelines and clinical standards for this population (author).

Order #: 1916

Authors: Davis, L.A., Winkleby, M.A.

Title: **Sociodemographic and Health-Related Factors Among African-American, Caucasian and Hispanic Homeless Men: A Comparative Study.**

Source: Journal of Social Distress and the Homeless 2(2): 83-101, 1993. (Journal Article: 35 pages)

Abstract: The authors stratified data from a 1989-1990 cross-sectional survey of homeless adults in Santa Clara County, CA, by ethnicity to examine if adverse childhood events and adult medical disorders preceding homelessness differed in African-American, Caucasian, foreign-born Hispanic and native-born Hispanic men. Foreign-born Hispanics were the most likely to have low levels of education and job skills. Native-born Hispanics were most likely among the three ethnic groups to suffer from alcohol abuse. The lower prevalence of adverse childhood events, addictive disorders and psychiatric hospitalizations among homeless African-Americans suggests that factors such as childhood poverty may play a disproportionate role in homelessness among this ethnic minority group.

Cultural Competence

Order #: 8875

Authors: Diala, C.C., Muntaner, C., Walrath, C., Nickerson, K., LaVeist, T., Leaf, P.

Title: **Racial/Ethnic Differences in Attitudes Toward Seeking Professional Mental Health Services.**

Source: American Journal of Public Health 91(5): 805-807, 2001. (Journal Article: 3 pages)

Abstract: This article examines racial/ethnic differences in attitudes toward seeking mental health services. Data from the National Comorbidity Survey, which administered a structured diagnostic interview to a representative sample of the U.S. population (N=8,098), were analyzed. Multiple logistic regression was used, and data were stratified by need for mental health services. African Americans with depression were more likely than Whites with depression to "definitely go" seek mental health services. African Americans with severe psychiatric disorders were less likely to be "somewhat embarrassed if friends knew they sought care" than were their White counterparts. African Americans reported more positive attitudes toward seeking mental health services than did Whites (authors).

Order #: 11861

Authors: DiNitto, D.M., Webb, D.K., Rubin, A.

Title: **Gender Differences in Dually-Diagnosed Clients Receiving Chemical Dependency Treatment.**

Source: Journal of Psychoactive Drugs 34(1): 105-117, 2002. (Journal Article: 13 pages)

Abstract: This article considers gender differences among 97 clients with dual diagnoses of severe mental illness and chemical dependency (46 male and 51 female). Comparisons are made at the time of their admission to an inpatient chemical dependency treatment program and the follow-up in cases where data are available. Most differences between the men and women at admission concerned psychiatric problems and family/social relations. Women reported they were more bothered by their psychiatric symptoms and their family/social relations, but they also reported more happiness and closeness in some relationships. The women also said they had more relatives with alcohol, drug, and especially psychiatric, problems. At follow-up, gender differences in the family/social and psychiatric domains persisted. Findings suggest that men and women with dual diagnoses might benefit from different emphases in treatment programs.

Order #: 6295

Authors: Dula, A., Goering, S. (eds.).

Title: **"It Just Ain't Fair": The Ethics of Health Care for African Americans.**

Source: Westport, CT: Praeger Publishers, 1994. (Book: 315 pages)

Abstract: Mainstream medical ethicists engaged in "impartial" ethics traditions often overlook the gross disparities in health care that divide our society along color lines. This collection challenges that oversight by bringing ethicists face-to-face with the plight of a particularly undeserved population - African Americans. Health care professionals document disparities in health status and access to care, focusing on issues such as AIDS, homelessness, infant mortality, and distribution of doctors. They discuss distrust and suspicion of the medical community, lack of respect for cultural differences, and self-help approaches. It is an important guide to developing culturally aware medical ethics for all ethnic groups ill-served by the nation's health care system.

Cultural Competence

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- Authors:** Family and Youth Services Bureau. **Order #: 7173**
- Title:** **A Guide to Enhancing the Cultural Competence of Runaway and Homeless Youth Programs.**
- Source:** Silver Spring, MD: National Clearinghouse on Runaway and Homeless Youth, 1994. (Guide: 109 pages)
- Abstract:** In June 1993, the Family and Youth Services Bureau brought together a working group to discuss strategies that local runaway and homeless youth programs could use to enhance the cultural competence of their governing boards, program managers and staff, and services. This guide is intend to help these programs better meet the needs of an increasingly diverse population of young people.
- Available From:** National Clearinghouse on Runaway and Homeless Youth, P.O. Box 13505, Silver Spring, MD 20911-3505, (301) 608-8098.
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- Authors:** Flaskerud, J.H. **Order #: 2375**
- Title:** **The Effects of Culture-Compatible Intervention on the Utilization of Mental Health Services by Minority Clients.**
- Source:** Community Mental Health Journal 22(2): 127-141, 1986. (Journal Article: 15 pages)
- Abstract:** This study examines the relationship between a culturally compatible approach to mental health services and service utilization among minority clients in Southern California. Findings indicated that a culturally compatible approach to services was effective in increasing utilization. Several program components were identified as the best indicators of increased utilization: language and ethnic/racial match of therapists and clients, and location of services in the ethnic community.
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- Authors:** Gallo, S.M. **Order #: 2575**
- Title:** **Hispanics and the Mental Health System: Research Findings and Policy Recommendations.**
- Source:** Boulder, CO: Western Interstate Commission for Higher Education, 1993. (Report: 20 pages)
- Abstract:** This paper examines current research on Mexican Americans and the mental health system including utilization of services, representation of Mexican Americans as mental health service providers, and culturally sensitive treatment. It includes an examination of the need to modify existing services to be more accessible and effective for Mexican Americans, and concludes with policy recommendations for mental health services as they presently operate (author).
- Available From:** Publications Office, Western Interstate Commission for Higher Education, 2520 55th St., Boulder, CO 80301, (303) 541-0200, www.wiche.edu/index.asp. (FREE)

Cultural Competence

Order #: 12599

Authors: Gay, Lesbian, Bisexual, and Transgender Health Access Project.

Title: **Community Standards of Practice for Provision of Quality Health Care Services for Gay, Lesbian, Bisexual, and Transgendered Clients.**

Source: Boston, MA: GLBT Health Access Project, 2003. (Guide: 7 pages)

Abstract: These standards were created to improve gay, lesbian, bisexual, and transgendered (GLBT) clients' access to quality care and to assist clinicians and their facilities in creating responsive environments. These standards were guided by four principles: the elimination of discrimination on the basis of sexual orientation and gender identity; the promotion and provision of full and equal access to services; the elimination of stigmatization of GLBT people and their families; and the creation of health service environments where it is safe for people to be "out" to their providers. The resulting community standards of practice and quality indicators outlined in this document will guide and assist providers in achieving these goals. The standards address both agency administrative practices and service delivery components (authors).

Available From: GLBT Health Access Project, JRI Health, 100 Boylston Street Suite # 815, Boston, MA 02116, (617) 988-2605, <http://www.glbthealth.org/sop.html>

Order #: 2731

Authors: Giordano, J.

Title: **Mental Health and the Melting Pot: An Introduction.**

Source: American Journal of Orthopsychiatry 64(3): 342-345, 1994. (Journal Article: 4 pages)

Abstract: According to the author, ethnicity too often remains a powerful but little-understood dynamic in mental health practice. This article serves as an introduction to a special section on cross-cultural interactions in the clinical setting. The author contends that a particular challenge for the field of mental health lies in addressing the diverse needs of new immigrant groups, and in deepening our understanding of these and the other ethnic groups increasingly utilizing mental health services.

Order #: 8864

Authors: Goode, T.D.

Title: **Getting Started: Planning, Implementing and Evaluating Culturally Competent Service Delivery Systems in Primary Health Care Settings.**

Source: Washington, DC: National Center for Cultural Competence, 2001. (Instrument: 5 pages)

Abstract: This checklist was developed by the National Center for Cultural Competence. It is designed to assist programs and organizations which are concerned with the delivery of primary and community-based health care, to begin strategic development of policies, structures, procedures and practices that support cultural and linguistic competence. It is also designed to support the campaign launched by the Bureau of Primary Health Care, "Zero Disparities and One Hundred Percent Access" (author).

Available From: National Center for Cultural Competence, Georgetown University Center for Children and Human Development, 3307 M Street, NW, Suite 401, Washington, DC 20007, (800) 788-2066, www.georgetown.edu/research/gucdc/nccc/nccc8.html

Cultural Competence

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- Authors:** Gottesfeld, H. **Order #: 3256**
- Title:** Community Context and the Underutilization of Mental Health Services By Minority Patients.
- Source:** Psychological Reports 76: 207-210, 1995. (Journal Article: 4 pages)
- Abstract:** Many studies have demonstrated that mental health services are underutilized by minority patients. This article describes a study in which services were delivered within the community rather than from an institutional base in order to test whether or not utilization rates would be higher. Findings indicate that only 20 of the 111 African American and Hispanic patients receiving services in the community setting dropped out, where as 114 of the 167 patients receiving services from an institutional setting dropped out (author).
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- Authors:** Grekin, P.M., Jemelka, R., Trupin, E.W. **Order #: 2744**
- Title:** Racial Differences in the Criminalization of the Mentally Ill.
- Source:** Bulletin of the American Academy of Psychiatric Law 22(3): 411-420, 1994. (Journal Article: 10 pages)
- Abstract:** The hypothesis that persons with serious mental illness are diverted to the criminal justice system has been difficult to confirm. The few relevant studies have examined aspects of the mental health or the criminal justice systems, but not both. This study compares state hospital admissions with the admission of persons with mental illnesses to state prisons. Findings indicate considerable variation between jurisdictions. In addition, persons of racial minority status with serious mental illness were found to be overrepresented in the prison populations (authors).
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- Authors:** Haghighat, R. **Order #: 3358**
- Title:** Cultural Sensitivity: ICD-10 Versus DSM-III-R.
- Source:** The International Journal of Social Psychiatry 40(3): 189-193, 1994. (Journal Article: 5 pages)
- Abstract:** This study compared the International Classification of Diseases, 10th Revision (ICD-10) and the Diagnostic and Statistical Manual, Third Edition, Revised (DSM-III-R). Findings indicate that the ICD-10 has made great progress in widening the international scope of contemporary systems of classification in psychiatry while the DSM-III has not. The DSM-III is not based on extensive research with non-western populations and has never seen its mandate as being multi-cultural in scope. However, according to the authors, because it is used in a country with huge immigrant populations from vastly different cultural backgrounds, there are some potential cultural pitfalls with the DSM-III classification system (authors).
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- Authors:** Health Care for the Homeless Clinician's Network. **Order #: 11182**
- Title:** Healing Hands: Cultural Competence.
- Source:** Health Care for the Homeless Clinician's Network 6(1): 2002. (Newsletter: 4 pages)
- Abstract:** Achieving cultural competence - the ability to communicate effectively across different linguistic and cultural traditions - is necessarily a gradual process. For clinicians, this requires close examination of health-related attitudes and beliefs - their clients' and their own. The articles in this issue suggest some steps that homeless health care providers can take to begin the journey. To simplify this task while illustrating its complexity, the authors have chosen to focus on the clinical challenges presented by homeless persons whose primary language is Spanish, and how experienced clinicians are meeting them. Many of the lessons learned from these service providers are applicable to other cultural groups (authors).
- Available From:** National Health Care for the Homeless Council - HCH Clinician's Network, P.O. Box 60427, Nashville, TN 37206-0427, www.nhchc.org.

Cultural Competence

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- Order #: 9903**
- Authors:** Health Resources and Services Administrations' Bureau of Primary Health Care.
- Title:** **Cultural Competence: A Journey.**
- Source:** Rockville, MD: Health Resources and Services Administrations' Bureau of Primary Health Care, 2001. (Resource Guide: 21 pages)
- Abstract:** This publication is designed for clinicians, policymakers, administrators and people of influence at the community, county, State, regional and national levels. It features a comprehensive definition of cultural competence that focuses on organizational, provider, and community systems and socioeconomic, epidemiologic and outcome perspectives. It describes a sampling of experiences of community programs, supported through the Health Resources and Services Administrations' Bureau of Primary Health Care, providing services to culturally and linguistically diverse populations. It describes some of the successes and challenges all to serve diverse consumers in a new way. Some suggestions of resources for expanding organizational and clinical cultural competence are provided.
- Available From:** Health Resources and Services Administrations' Bureau of Primary Health Care, Rockville, MD 20857, www.bphc.hrsa.gov, (800) 400-2742.
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- Order #: 3051**
- Authors:** Horwitz, A.V., Reinhard, S.C.
- Title:** **Ethnic Differences in Caregiving Duties and Burdens Among Parents and Siblings of Persons With Severe Mental Illnesses.**
- Source:** Journal of Health and Social Behavior 36: 138-150, 1995. (Journal Article: 12 pages)
- Abstract:** This study uses interviews with 78 parents and 70 siblings of patients scheduled for release from a state mental hospital in order to examine ethnic and racial differences in caregiving responsibilities. The findings indicate that black and white parents have equivalent caregiving duties, but white parents report substantially more caregiver burden. Black siblings report more caregiving duties than white siblings but report less caregiver burden. These ethnic differences remain after controls for income, gender, age, diagnosis, perceived stigma, and co-residence are taken into account. The results indicate that ethnicity can be a critical factor affecting levels of informal caretaking for persons with serious mental illnesses (authors).
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- Order #: 8154**
- Authors:** Human Services Research Institute.
- Title:** **Report of the Roundtable on Multicultural Issues in Mental Health Services Evaluation.**
- Source:** Cambridge, MA: Human Services Research Institute, 1996. (DRAFT) (Conference Summary: 128 pages)
- Abstract:** This document contains 11 papers produced in conjunction with a roundtable meeting to discuss multicultural issues in mental health services evaluation. The papers cover topics including general cultural competency and services research subjects, as well as specific examinations of services research for African-American adolescents, Asian-Americans, and Hispanic populations.
- Available From:** Human Services Research Institute 2336 Massachusetts Ave., Cambridge, MA 02140, (617) 876-0426, www.hsri.org.

Cultural Competence

Order #: 12316

Authors: Jargowsky, P.A.

Title: **Stunning Progress, Hidden Problems: The Dramatic Decline of Concentrated Poverty in the 1990s.**

Source: Washington, DC: The Brookings Institution, 2003. (Report: 23 pages)

Abstract: This report, based on U.S Census data from 1990 and 2000, discusses the de-concentration of poverty as was seen in nearly all U.S metropolitan areas and across almost all ethnic groups. The concentration of poverty among African Americans decreased by over one third. The exceptions to the trend were a slight increase in the number of Hispanics living in high-poverty areas and the loss of middle-class families in several neighborhoods in Washington, DC. The researchers also noted compensating increases in poverty in neighborhoods with middle-range poverty levels, such as older, inner-ring suburbs. The researchers noted improvements in conditions within high-poverty neighborhoods, similar to other parts of most metropolitan areas (authors).

Available From: The Brookings Institution, 1775 Massachusetts Avenue, NW, Washington, DC 20036, (202) 797-6000, www.brookings.edu

Order #: 3411

Authors: Jerrell, J.M.

Title: **The Effects of Client-Therapist Match on Service Use and Costs.**

Source: Administration and Policy in Mental Health 23(2): 119-126, 1995. (Journal Article: 8 pages)

Abstract: The author explores the impact of ethnic matching between clients and their therapists or case managers on mental health service utilization and costs. Length of stay in outpatient and case management services of matched and unmatched clients was examined as well as the effect of the match on use of intensive and costly mental health services (inpatient, emergency, and skilled nursing facility). Matched clients had longer lengths of stay in outpatient but not case management services, and had significantly less utilization of all three intensive services. Annual cost savings to the system amounted to about \$1,000 per matched client (author).

Order #: 12075

Authors: Jerrell, J.M., Ridgely, S.

Title: **Gender Differences in the Assessment of Specialized Treatments for Substance Abuse Among People with Severe Mental Illness.**

Source: Journal of Psychoactive Drugs 27(4): 347-355, 1995. (Journal Article: 9 pages)

Abstract: A recent study examined the relative cost-effectiveness of three specialized interventions for treating people with both severe mental illness and substance abuse disorders: behavioral skills training, intensive case management, and 12-step recovery. This article reports the changes in client psychosocial outcomes, psychiatric and substance abuse symptomatology, and service utilization and costs for the 31 women involved in the study, and compares these results to similar data on the men in the study sample and to the existing literature. The results of this study provide some insight into ways of serving dually diagnosed women more effectively in community-based treatment programs and of investigating these service more fruitfully (authors).

Cultural Competence

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- Authors:** Jerrell, J.M., Wilson, J.L. **Order #: 5956**
- Title:** The Utility of Dual-Diagnosis Services for Consumers From Nonwhite Ethnic Groups.
- Source:** Psychiatric Services 47(11): 1256-1258, 1996. (Journal Article: 3 pages)
- Abstract:** The author describes a study where differences in psychosocial functioning, symptoms, service use, and costs for 40 nonwhite consumers of mental health services and 92 white consumers were compared at baseline and six months in a controlled clinical trial of three dual-diagnosis interventions. At six months, nonwhite consumers had lower psychosocial functioning than white consumers as measured by self-report and clinicians' ratings. Nonwhite consumers received significantly less supportive treatment than white consumers. Qualitative data from staff interviews indicated that nonwhite consumers had inadequate community and family supports due to a variety of problems. Although the nonwhite consumers had outcomes similar to those of white consumers, the complex needs of the nonwhite consumers warrant additional staff resources and culturally sensitive treatment programs (authors).
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- Authors:** Julia, M., Hartnett, H.P. **Order #: 8375**
- Title:** Exploring Cultural Issues in Puerto Rican Homeless.
- Source:** Cross-Cultural Research 33(4): 318-340, 1999. (Journal Article: 23 pages)
- Abstract:** Research suggests that culture is one of the variables that significantly affects the construction and meaning of any social phenomenon. However, few studies have been devoted to homelessness among ethnic groups. The rather limited data and literature about homelessness and ethnicity suggest marked differences between Puerto Rican homeless people and those from other ethnic groups, but specific analysis of the relevance of culture on homelessness within the Puerto Rican context has received minimal attention. The authors use existing data about homeless single adults who use shelter in Puerto Rico's capital city, San Juan, and in the capital city of Columbus, Ohio, to explore and compare the incidences, causes, and demographic characteristics of homeless people in the two cities. Cultural issues that potentially underlie definitions, attitudes, and responses toward social phenomena are discussed. These cultural domains are offered to explain the differences between the two groups. (authors)
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- Authors:** Kaspro, W.J., Rosenheck, R. **Order #: 7292**
- Title:** Substance Use and Psychiatric Problems of Homeless Native American Veterans.
- Source:** Psychiatric Services 49(3): 345-350, 1998. (Journal Article: 6 pages)
- Abstract:** This study estimated the proportion and representation of Native Americans among homeless veterans and compared their psychiatric and substance use problems with those of other ethnic groups of homeless veterans. The study was based on data from the Department of Veterans Affairs' Health Care for the Homeless Veterans program, which operates in 71 sites across the country. The authors found that Native Americans are overrepresented in the homeless veteran population. They have more severe alcohol problems than other minority groups but somewhat fewer drug dependence and psychiatric problems (authors).

Cultural Competence

Order #: 2560

Authors: Koslow, D.R., Salett, P.E. (eds.).

Title: **Crossing Cultures in Mental Health.**

Source: Washington, DC: International Society for Education, Training and Research, 1989. (Book: 154 pages)

Abstract: This book addresses specific issues in mental health service delivery to individuals from different cultural backgrounds and provides suggestions for improving skills in cross-cultural communication. In Part One, an experiential training model is described in which participants are challenged to explore and sharpen awareness of their own cultural biases and values. In addition, some of the cultural assumptions are discussed that may prevent effective cross-cultural dialogue in a counseling setting and, in turn, may lead to distortions in service delivery. In Part Two, a number of issues faced by immigrants and refugees are examined including trauma and discrimination. The heterogeneity and cultural diversity of Hispanic immigrants are also discussed. Lastly, the book addresses issues facing individuals and families who have chosen to reside temporarily in another country (authors).

Available From: National Multicultural Institute, 3000 Connecticut Avenue, N.W., Suite 438, Washington, DC 20008, (202) 483-0700, www.nmci.org. (COST: \$9.95) (ISBN 0-933934-15-7)

Order #: 6427

Authors: Kramer, B.J., Barker, J.C.

Title: **Homelessness Among Older American Indians, Los Angeles, 1987-1989.**

Source: Human Organization 55(4): 396-408, 1996. (Journal Article: 13 pages)

Abstract: The authors explain that for decades American Indians of all ages have been over represented among the urban homeless but thus far no studies have examined how homelessness affects elderly American Indians in cities. A survey of 335 older American Indians living in Los Angeles County in 1987-1989 revealed that a large proportion, 16% (n=53), were homeless. Homeless older Americans self-reported higher rates of physical and mental health problems, including hypertension, shortness of breath, diabetes, chest pains, alcoholism, depression, sadness, and loneliness. Of homeless elders who reported usual habitat, all those aged 60 or more years lived on the street year-round; in contrast, 11 of 37 (30%) people aged 60 years or less at least occasionally rented rooms for shelter. Institutional and cultural barriers prevented some homeless individuals from accessing social and welfare services (authors).

Order #: 2414

Authors: LaFromboise, T.D.

Title: **American Indian Mental Health Policy.**

Source: American Psychologist 43(5): 388-397, 1988. (Journal Article: 10 pages)

Abstract: The United States government initiated mental health programs for American Indians and Alaska natives in 1965. Yet, a number of surveys suggest that American Indians in need of help are less aware of the kinds of psychological services available to them than are most Americans. This article reviews both the delivery of mental health services to American Indians as well as patterns of utilization. The assumptions American Indians hold about psychology are reviewed as well as assumptions the psychologists hold about American Indians. Finally, recommendations for more culturally sensitive policy initiatives are discussed.

Cultural Competence

Order #: 12442

Authors: Leath, B.A.

Title: Homeless Children: A Growing and Vulnerable Population.

Source: In Adams, D.A. (ed.), Health Issues for Women of Color: A Cultural Diversity Perspective. Thousand Oaks, CA: Sage Publications, 1995. (Book Chapter: 14 pages)

Abstract: This chapter is included in a book by and about women which underscores the idea that all women can find solutions to problems and improve their own health. Women of color currently have a lower, general health status than middle-class white women. Health research about women has historically been neglected, and data is lacking on the correlation of mortality and morbidity with race and culture. This chapter deals with homelessness among women of color and their children. The authors tackle stereotypes surrounding these conditions, and stress the communicable diseases and mental illnesses which could be prevented or remedied by health authorities. The roles of shame, isolation, prostitution, drug use (or inadequate rehabilitation), and sexual and physical abuse are brought to attention so as to offer insight in treating mental illness, STD's, substance dependence, and injuries. Domestic violence, a major health problem, is also covered here.

Available From: Sage Publications, Inc., 2455 Teller Road, Thousand Oaks, CA 91320, (805) 499-0721, www.sagepub.com.

Order #: 2321

Authors: Lefley, H.P.

Title: Culture and Chronic Mental Illness.

Source: Hospital and Community Psychiatry 41(3): 277-286, 1990. (Journal Article: 10 pages)

Abstract: This article examines the cultural aspects of chronic mental illness. Key questions include whether cultural beliefs and practices that minimize social stigma, self-devaluation, and a patient's assumption of the sick role are linked to a better recovery process. Issues concerning the treatment of long-term psychiatric disabilities in the ethnic populations of the United States and the development of culturally relevant treatment models are also discussed. The author contends that by focusing on the life course of conditions that have been accepted across cultures as diagnosable mental disorders, cross-cultural investigators can begin to assess the specific ways in which societal responses and clinical interventions affect the persistence of major mental illnesses (author).

Order #: 2668

Authors: Leong, F.T.

Title: Asian Americans' Differential Patterns of Utilization of Inpatient and Outpatient Public Mental Health Services in Hawaii.

Source: Journal of Community Psychology 22: 82-96, 1994. (Journal Article: 15 pages)

Abstract: This study examines Asian Americans' differential patterns of utilization of mental health services in Hawaii. Questions were directed at determining if Asian Americans tend to (1) underutilize inpatient mental health services, (2) overutilize or use at their representative level outpatient mental health services, and (3) exhibit different patterns in the sources of referral into the mental health system. Using a dataset from the state of Hawaii's Department of Health, mental health service utilization rates for three Asian-American groups (Chinese, Japanese, and Filipino) were compared to each other and to those of White Americans. It was found that there were ethnic subgroups (e.g., Chinese versus Filipino) and intergroup differences (i.e., Asian versus White) in the utilization of inpatient and outpatient mental health services as well as in sources of referral into the mental health system. The clinical and research implications of the findings are discussed (author).

Cultural Competence

Order #: 11486

Authors: Lin, S.S., Kelsey, J.L.

Title: Use of Race and Ethnicity in Epidemiologic Research: Concepts, Methodological Issues, and Suggestions for Research.

Source: Epidemiologic Review 22(2): 187-202, 2000. (Journal Article: 16 pages)

Abstract: In this article the authors consider the roles of both race and ethnicity in epidemiologic research in light of the increasing heterogeneity in the United States population, the persistent associations of race and ethnicity with many health outcomes, the initiative taken by the United States Census to allow reporting of multiple races in the 2000 United States Census, and the recognition among epidemiologists of the need for a better, more comprehensive assessment of race and ethnicity. The authors also provide some practical suggestions on ways to improve the assessment of race and ethnicity in research and present issues for investigators to consider when working with racially and ethnically diverse United States populations (authors).

Order #: 10392

Authors: Lindsey, M.

Title: Culturally Competent Assessment of African American Clients.

Source: Journal of Personality Assessment 70(1):43-53, 1998. (Journal Article: 10 pages)

Abstract: As more African American families, clients, agencies, and organizations celebrate the values inherent in their cultural heritage, the strategies, methodologies, techniques, and instruments of assessment psychology are challenged to prove their appropriateness for the population on which they are used. These challenges have resulted in two major dilemmas for this domain of psychology. The first is whether to create race-specific norms for existing instruments. The second is the fundamental question of whether existing instruments measure the correct attributes, given the cultural differences. Both issues are discussed in this article.

Order #: 8868

Authors: Locke, D.C.

Title: Increasing Multicultural Understanding: A Comprehensive Model, Second Edition.

Source: Thousand Oaks, CA: Sage Publications, 1998. (Book: 19 pages)

Abstract: The model of multicultural understanding presented in this volume is a comprehensive model that can be used as a guide to gain knowledge and understanding of culturally diverse individuals and groups. This knowledge and understanding can then be reflected appropriately in educational and counseling situations. The model was designed to include all the elements of personal awareness and information necessary for a person to engage in positive and productive relationships with culturally diverse individuals of groups. It is useful for teachers, individual counselors, family counselors, and those involved in any intervention within culturally diverse communities (author).

Available From: Sage Publications, Inc., 2455 Teller Road, Thousand Oaks, CA 91320, (805) 499-0721, www.sagepub.com.

Cultural Competence

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- Authors:** Lopez, S.R. **Order #: 6916**
- Title:** Cultural Competence in Psychotherapy: A Guide for Clinicians and Their Supervisors.
- Source:** In Watkins, C.E. (ed.), Handbook of Psychotherapy Supervision. New York, NY: Houghton-Mifflin, 1996. (Book Chapter: 40 pages)
- Abstract:** The purpose of this chapter is to outline a model of culturally competent psychotherapy that can be used to guide both supervisors and trainees in their clinical work with culturally diverse clients. The author reviews related research and the model of cultural competence suggested by this research, addresses the model's limitations, and presents a revised model of cultural competence. The author then illustrates the model with clinical cases.
- Available From:** Houghton-Mifflin, 222 Berkeley Street, Boston, Massachusetts 02116, (617) 351-5000, www.hmco.com.
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- Authors:** Malgady, R.G., Rogler, L.H. **Order #: 2505**
- Title:** Mental Health Status Among Puerto Ricans, Mexican Americans, and Non-Hispanic Whites: The Case of the Misbegotten Hypothesis.
- Source:** American Journal of Community Psychology 21(3): 383-388, 1993. (Journal Article: 6 pages)
- Abstract:** According to the authors, some psychiatric epidemiological studies have reported elevated levels of mental health symptomatology among Hispanic groups, largely Mexican Americans and Puerto Ricans, whereas other studies have reported little or no differences between Hispanics and non-Hispanics in prevalence rates of various psychiatric disorders. This article examines the inconsistencies of these research findings and reaffirms the need for psychiatric epidemiological research to consider the role of culture in diagnostic criteria (authors).
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- Authors:** Martin, M., Bacon, M. **Order #: 2279**
- Title:** The Question of Culturally Competent Practice with Persons Without Homes and Services.
- Source:** Opening Doors 2(1), 1994. (Newsletter: 8 pages)
- Abstract:** This publication is devoted to the issue of cultural competence in the delivery of services to homeless individuals of varied racial and ethnic origins. The authors contend that there is a cultural bias in the current service delivery system that does not seem to fit the needs of the majority of homeless individuals and families. The theme of cultural competence with respect to working in the field of health care for homeless people is also discussed. Information concerning training programs, organizations and publications related to the issue of cultural competence is also included in the publication (authors).
- Available From:** Health Care for the Homeless Information Resource Center, Policy Research Associates, 345 Delaware Avenue, Delmar, NY 12054, (888) 439-3300, www.bphc.hrsa.gov/hrhirc, hch@prainc.com

Cultural Competence

Order #: 8250

Authors: McCarn, S.R.

Title: Meeting the Mental Health Needs of Gay, Lesbian, Bisexual and Transgender Persons.

Source: Alexandria, VA: National Technical Assistance Center for State Mental Health Planning, 1999. (Report: 76 pages)

Abstract: This report is designed to assist state mental health agencies, consumers, family members, and planning and advisory councils in developing and implementing culturally competent mental health services that meet the unique needs of gay, lesbian, bisexual, and transgender persons. The report describes a range of strategies for providing effective, culturally competent mental health services and supports and includes suggested readings, and lists of relevant organizations and web sites that focus on culturally competent mental health services. Three outstanding community based mental health programs that address the mental health needs of gay, lesbian, bisexual, and transgender consumers and their families are profiled.

Available From: National Technical Assistance Center, 66 Canal Center Plaza, Suite 302, Alexandria, VA 22314, (703) 739-9333; ntac@nasmhpd.org.

Order #: 12602

Authors: McIntosh, P.

Title: White Privilege: Unpacking the Invisible Knapsack.

Source: Wellesley, MA: Wellesley College Center for Research on Women, 1988. (Unpublished Paper: 5 pages)

Abstract: This article discusses the idea of white privilege. According to the author, whites are carefully taught not to recognize white privilege, as males are taught not to recognize male privilege. The author discusses white privilege as an invisible package of unearned assets that whites can count on cashing in each day, but about which they are meant to remain oblivious. The author describes white privilege as being like an invisible weightless knapsack of special provisions, maps, passports, codebooks, visas, clothes, tools, and blank checks. The author identifies some of the daily effects of white privilege in her life. These are listed in the document. She chose those conditions which attach somewhat more to skin color privilege than to class, religion, ethnic status, or geographical location, though all these other factors are intricately intertwined. Her African-American coworkers, friends and acquaintances with whom she came into daily or frequent contact could not count on most of the conditions listed.

Available From: Wellesley Centers for Women, Wellesley College, 106 Central Street, Wellesley, MA 02481, (781) 283-2500, <http://www.wellesley.edu/WCW/crwsb.html>

Order #: 7106

Authors: McNeil, J.S., Kennedy, R.

Title: Mental Health Services to Minority Groups of Color.

Source: In Watkins, T.R., Callicutt, J.W. (eds.), Mental Health Policy and Practice Today. Thousand Oaks, CA: Sage Publications, Inc., 235-257, 1997. (Book Chapter: 23 pages)

Abstract: This chapter discusses minority groups of color (Asian Americans, African Americans, Hispanics, and Native Americans) by presenting a brief historical view of each group, stressors and stereotypes that contribute to mental health risk for each, and a review of utilization of mental health services that includes issues of diagnosis and treatment. The authors contend that while each of these groups has its own unique experiences, all have experienced common forms of racism and oppression, and each has formed its own ways to cope with these stressors. The authors conclude that the accumulation of these stressors adds to the burden of mental health risk and adversely affects the inclination to use formal mental health services (authors).

Available From: Sage Publications, Inc., 2455 Teller Road, Thousand Oaks, CA 91320, (800) 583-2665, www.sagepub.com.

Cultural Competence

Order #: 6178

Authors: Moffic, H.S., Kinzie, J.D.

Title: The History and Future of Cross-Cultural Psychiatric Services.

Source: Community Mental Health Journal 32(6): 581-592, 1996. (Journal Article: 12 pages)

Abstract: With cultural issues prominent in the United States today and with ongoing rapid changes in health care management and delivery, the authors discuss the shift from a generic-type psychiatry to one recognizing that cultural beliefs, mores, peer pressure, family expectations, and other factors operate in unique combinations in various cultures and ethnic groups. The literature reviewed in this article illustrates the progressive stages of awareness and incorporation of cultural differences and the many ways they impact treatment. The authors contend it is essential that culturally-based managed care programs be developed and funded to ensure the availability of cost-effective treatment through an integrated system of services to patients of all cultural and economic backgrounds (authors).

Order #: 12082

Authors: National Coalition for the Homeless.

Title: Who is Homeless?

Source: Washington, DC: National Coalition for the Homeless, 2002. (Fact Sheet: 5 pages)

Abstract: This fact sheet, by the National Coalition for the Homeless, reviews definitions of homelessness and describes the demographic characteristics of persons who experience homelessness. Age, gender, ethnicity and various other factors are discussed. A list of resources for further study is also provided (authors).

Available From: National Coalition for the Homeless, 1012 14th Street, NW, Suite 600, Washington, DC 20005, (202) 737-6444, www.nationalhomeless.org.

Order #: 11215

Authors: National Consumer Supporter Technical Assistance Center.

Title: A Cultural Competency Toolkit: Ten Grant Sites Share Lessons Learned.

Source: Alexandria, VA: National Consumer Supporter Technical Assistance Center, 2001. (Toolkit: 88 pages)

Abstract: For organizations providing support to mental health consumers, cultural competency, the ability to reach out effectively and appropriately to individuals of different cultural backgrounds, is central to meeting the needs of a diverse community. The Cultural Competency Initiative, which was launched in 2000, assisted consumer supporter organizations by providing funding and technical assistance as well as by disseminating information about innovative minority outreach programs. Each chapter of the toolkit provides an overview of one of ten model programs. Project goals and implementation plans are shared, project leaders share their expertise, and program materials are included in each chapter's appendices. NCSTAC hopes that this information will assist other consumer supporter organizations in their efforts to launch similar outreach programs.

Available From: National Consumer Supporter Technical Assistance Center, National Mental Health Association, 1021 Prince Street, Alexandria, VA 22314-2971, (800) 969-6642, www.ncstac.org/content/culturalcompetency/index.htm.

Order #: 11967

Authors: National Resource Center on Homelessness and Mental Illness.

Title: Who is Homeless?

Source: Delmar, NY: The National Resource Center on Homelessness and Mental Illness, 2003. (Fact Sheet: 2 pages)

Abstract: This fact sheet discusses the statistical break down of the homeless population into subgroups determined by race, health problems, location, and risk factors.

Available From: National Resource Center on Homelessness and Mental Illness, Policy Research Associates, Inc., 345 Delaware Avenue, Delmar, NY 12054, (800) 444-7415, www.nrchmi.samhsa.gov.

Cultural Competence

Order #: 7342

Authors: National Technical Assistance Center for State Mental Health Planning.

Title: **Exploring the Intersection Between Cultural Competency and Managed Behavioral Health Care Policy: Implications for State and County Mental Health Agencies.**

Source: Alexandria, VA: National Technical Assistance Center for State Mental Health Planning, 1997. (Report: 62 pages)

Abstract: This report is based on discussions that occurred during the National Mental Health Policy Institute on Cultural Competency in February 1997. Topics covered include development of an operational definition of cultural competency, a vision for the future, and recommendations for additional steps to promote increased acceptance of culturally competent principles and practices by public mental health systems in the era of managed care. The report states that the clear task for state and local mental health authorities, managed care organizations, consumers, families, providers, and university faculty is to better understand the linkage among culture, illness, and health and to use that knowledge to design and redesign service systems, policies, training curricula, and standards of care (authors).

Available From: National Technical Assistance Center, 66 Canal Center Plaza, Suite 302, Alexandria, VA 22314; (703) 739-9333, www.nasmhpd.org/ntac, (COST: \$10.00)

Order #: 11118

Authors: National Technical Assistance Center for State Mental Health Planning.

Title: **Meeting the Mental Health Needs of Asian and Pacific Islander Americans.**

Source: Alexandria, VA: National Technical Assistance Center for State Mental Health Planning, 2002. (Report: 85 pages)

Abstract: This report describes the cultural characteristics and mental health needs of the Asian and Pacific Islander American community, discusses barriers to mental health care, and provides recommendations for the development of policies and programs to better address the mental health needs of this population. In addition to addressing a range of important issues and effective strategies, the report provides profiles of three programs that have taken the lead in offering culturally competent mental health services for Asian and Pacific Islander Americans. It also contains lists of suggested readings and organizational resources in the area of culturally diverse mental health services.

Available From: National Technical Assistance Center for State Mental Health Planning, 66 Canal Center Plaza, Suite 302, Alexandria, VA 22314, (703) 739-9333, ntac@nasmhpd.org, www.nasmhpd.org/ntac.

Order #: 9614

Authors: National Technical Assistance Center for State Mental Health Planning.

Title: **Examples From the Field: Programmatic Efforts to Improve Cultural Competence in Mental Health Services.**

Source: Alexandria, VA: NTAC, 2000. (Report: 137 pages)

Abstract: This report is a collection of descriptions of mental health programs working to improve service delivery to a variety of underserved populations. This grew out of a desire to scan the public mental health environment to see how cultural competence is being understood and implemented and to understand what efforts are being made in various states to improve mental health services to underserved groups. This report represents the results of a survey of state mental health authorities conducted in late spring 1999 (authors).

Available From: National Technical Assistance Center for State Mental Health Planning, 66 Canal Center Plaza, Suite 302, Alexandria, VA 22314, (703) 739-9333, ntac@nasmhpd.org, www.nasmhpd.org/ntac.

Cultural Competence

Order #: 12613

Authors: New York State Office of Mental Health.

Title: Cultural Competence and Evidence-Based Practices.

Source: Albany, NY: New York State Office of Mental Health, 2003. (Fact Sheet: 2 pages)

Abstract: Cultural competence is provision of effective and respectful care that is compatible with the cultural health and mental health beliefs, practices and languages of the people receiving services. Cultural Competence activities need to be imbedded within all stages of development, implementation and evaluation of evidence-based practices. Readiness for implementation needs to include skill development and policy guidance to ensure clinical and administrative practices are responsive to the diversity of the population served. Assessment of systems and providers needs to evaluate effectiveness of evidence-based practices across cultures and continue to build the evidence base for strategies demonstrated to be effective for everyone receiving the service (authors).

Available From: Cathy Cave, Cultural Competence Coordinator, New York State Office of Mental Health, 44 Holland Avenue, Albany NY, 12229, (518) 408-2026, ccave@omh.state.ny.us, <http://www.omh.state.ny.us/omhweb/ebp/culturalcompetence.htm>

Order #: 10564

Authors: North, C.S., Smith, E.M.

Title: Comparison of White and Nonwhite Homeless Men and Women.

Source: Social Work 39(6): 639-647, 1994. (Journal Article: 9 pages)

Abstract: This article describes a study which investigated differences between white and nonwhite homeless people in a randomly selected sample of 600 homeless men and 300 homeless women in St. Louis, Missouri. About three-fourths of the sample were African Americans. The homelessness of nonwhite people was more often externally related, for example, socioeconomic problems caused by lower incomes for men and reliance on a failing welfare system by women and their dependent families. These differences point to potentially divergent emphases for intervention with these subpopulations (authors).

Order #: 1783

Authors: Nyamathi, A.M., Flaskerud, J.

Title: A Community-Based Inventory of Current Concerns of Impoverished Homeless and Drug-Addicted Minority Women.

Source: Research in Nursing and Health 15: 121-129, 1992. (Journal Article: 9 pages)

Abstract: The purpose of this study was to refine and evaluate the psychometric properties of a measure of the concerns of impoverished minority women who were homeless and/or drug addicted. The Community-Based Inventory of Current Concerns (CICC) was administered to 978 black and Hispanic women who were residents of drug recovery programs or were homeless and residing in shelters, single room occupancy hotels, or with family or friends. The authors state that the revised CICC can be used for clinical and research purposes to aid in assessing the concerns of minority impoverished women and will enable health care professionals to develop culturally sensitive interventions for this population (authors).

Cultural Competence

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- Order #: 6387**
- Authors:** Oakley, D.A., Dennis, D.L.
- Title:** Responding to the Needs of Homeless People with Alcohol, Drug, and/or Mental Disorders.
- Source:** In Baumohl, J. (ed.), Homelessness In America. Phoenix, AZ: Oryx Press, 179-186, 1996. (Book Chapter: 8 pages)
- Abstract:** The authors explain why homeless people with alcohol, drug, and/or mental disorders are often excluded from programs that assist homeless people. Service and policy implications are examined including: the importance of outreach and engagement; using case management to negotiate systems of care; offering a range of supportive housing options; responding to consumer preferences; providing mental health and substance abuse treatment; the need for harm reduction approaches to substance abuse; the importance of meaningful daily activity; providing culturally competent care; and putting the need for involuntary treatment in perspective. The authors contend that reaching homeless people with serious mental illnesses, substance use disorders, or co-occurring disorders depends on integrating existing services and entitlements more effectively.
- Available From:** The Oryx Press at Greenwood Publishing Group, 88 Post Road West, Box 5007, Westport, CT 06881, (203) 226-3571, <http://info.greenwood.com>.
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- Order #: 12614**
- Authors:** Office of Minority Health Resource Center.
- Title:** National Standards for Culturally and Linguistically Appropriate Services in Health Care.
- Source:** Washington, DC: Office of Minority Health Resource Center, 2001. (Report: 139 pages)
- Abstract:** This report recommends national standards for culturally and linguistically appropriate services (CLAS) in health care. Based on an analytical review of key laws, regulations, contracts, and standards currently in use by federal and state agencies and other national organizations, these recommended standards were developed with input from a national advisory committee of policymakers, health care providers, and researchers. Each standard is accompanied by commentary that addresses the proposed guideline's relationship to existing laws and standards, and offers recommendations for implementation and oversight to providers, policymakers, and advocates.
- Available From:** Office of Minority Health Resource Center, P.O. Box 37337, Washington, DC 20013-7337, (800) 444-6472, <http://www.omhrc.gov/omh/programs/2pgprograms/finalreport.pdf>
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- Order #: 12609**
- Authors:** Office of Minority Health.
- Title:** National Standards for Culturally and Linguistically Appropriate Services (CLAS): At a Glance.
- Source:** Washington, DC: Office of Minority Health, 2000. (Guide: 2 pages)
- Abstract:** These proposed standards are presented as guidelines for accreditation and credentialing agencies, to assess and compare providers who say they provide culturally competent services, and to assure quality for diverse populations. The standards are intended to be inclusive of all cultures and not limited to any particular population group or sets of groups; however, they are especially designed to address the needs of racial, ethnic, and linguistic population groups that experience unequal access to health services. Cultural and linguistic competence is the ability of health care providers and health care organizations to understand and respond effectively to the cultural and linguistic needs brought by patients to the health care encounter. As health providers begin to treat a more diverse clientele as a result of demographic shifts and changes in insurance program participation, interest is increasing in culturally and linguistically appropriate services that lead to improved outcomes, efficiency, and satisfaction. The provision of culturally and linguistically appropriate services is in the interest of providers, policymakers, accreditation and credentialing agencies, purchasers, patients, advocates, educators and the general health care community (authors).
- Available From:** Office of Minority Health Resource Center, P.O. Box 37337, Washington, DC 20013-7337, (800) 444-6472, <http://www.omhrc.gov/CLAS>, or http://www.marconline.org/magazine/pdf/office_minority_h.PDF.

Cultural Competence

Order #: 11813

Authors: Opler, L.A.

Title: The Culture of Emotions: A Cultural Competence and Diversity Training Program.

Source: Psychiatric Services 53(12): 1537-1538, 2002. (Journal Article: 2 pages)

Abstract: This article describes a training video entitled The Culture of Emotions, that is intended to bring understanding of the ways in which a multicultural environment influences all human interaction and the relevance of that not only for diagnosis, but also for therapy, and for training of mental health professionals. The training provided by the video is based on the work of the DSM-IV, a task force on cross-cultural issues, that developed the Outline for Cultural Formulation (OCF) and the Glossary of Culture-Bound Syndromes. The video offers general commentaries on culture in psychiatry and an overview of the OCF and an introduction to the concept of culture-bound syndromes.

Order #: 10069

Authors: Oppenheimer, G.M.

Title: Paradigm Lost: Race, Ethnicity, and the Search for a New Population Taxonomy.

Source: American Journal of Public Health 91(7): 1049-1055, 2001. (Journal Article: 7 pages)

Abstract: This article discusses the Institute of Medicine's Report "The Unequal Burden of Cancer", and offers a thorough account of historical perspectives of race and ethnicity in America, along with a section on implications for a new population taxonomy. The author concludes that as racialization and race remain powerful ideologic factors, they will persist, affecting any alternative taxonomic term. Instead of denying the force of these categories, it might be wiser to retain "race" while recognizing "ethnic group" as a separate set of population categories that overlap with race but, when properly used, differ from it. Over time, the growing diversity of the population in the U.S. and the growing power of these different groups may force this country to redefine the social relations inherent in the terms "race", "ethnicity", and "ethnic group" to ones of greater equality. The new population classifications, whatever they are, will only emerge from changing our associations and our consciousness of such different forms of unequal relationships (authors).

Order #: 5614

Authors: Oquendo, M.A.

Title: Psychiatric Evaluation and Psychotherapy in the Patient's Second Language.

Source: Psychiatric Services 47(6): 614-618, 1996. (Journal Article: 5 pages)

Abstract: Use of a patient's second language in psychiatric evaluation and treatment has a variety of effects. Patients frequently undergo psychiatric evaluation in their second language, yet competence in a second language varies depending on the phase of illness. Evaluation of bilingual patients should ideally be done in both their languages, preferably by a bilingual clinician or by a monolingual clinician with the help of an interpreter trained in mental health issues. Cultural nuances may be encoded in language in ways that are not readily conveyed in translation, even when the patient uses equivalent words in the second language. The monolingual clinician may clarify these nuances through consultation with a clinician who shares the patient's first language and culture or with an interpreter. In psychotherapy, patients may use a second language as a form of resistance, to avoid intense affect. Therapists may use language switching to overcome this resistance and to decrease emotional intensity, if necessary. Psychotherapy can also be affected by the attitudes toward speaking that are part of the patient's culture. Discussions with bilingual and bicultural consultants can elucidate these effects for the therapist who is unfamiliar with the patient's culture (author).

Cultural Competence

Order #: 1775

Authors: Orlandi, M.A.

Title: **Cultural Competence for Evaluators: A Guide for Alcohol and Other Drug Abuse Prevention Practitioners Working With Ethnic/Racial Communities.**

Source: Rockville, MD: U.S. Department of Health and Human Services, 1992. (Book: 299 pages)

Abstract: This book analyzes and synthesizes the array of issues that arise when alcohol and drug (AOD) abuse prevention programs are implemented and evaluated in settings that are ethnically and racially diverse. This volume's main objective is to enhance the knowledge base and skills of professionals who are responsible for evaluating AOD abuse prevention programs in ethnic/racial community settings. Chapters provide conceptual frameworks and practical suggestions for evaluators working with African-American, Hispanic, American-Indian/Alaska-Native, and Asian/Pacific Island-American population groups (author).

Available From: U.S. Department of Health and Human Services, Office for Substance Abuse Prevention, Division of Community Prevention and Training, 200 Independence Ave. SW, Washington, DC 20201, 877-696-6775, www.hhs.gov. (DHHS Publication No. (ADM)92-1884)

Order #: 11619

Authors: Ortega A.N., Rosenheck R.

Title: **Hispanic Client-Case Manager Matching: Differences in Outcomes and Service Use in a Program for Homeless Persons with Severe Mental Illness.**

Source: Journal of Nervous and Mental Disease 190(5):315-323, 2002. (Journal Article: 9 pages)

Abstract: This study examined the effects of client-case manager ethnic and racial matching among white and Hispanic clients who received assertive community treatment in the Access to Community Care and Effective Services and Supports Program (ACCESS). Mental health professionals have responded to ethnic and racial disparities in mental health care by advocating increasing cultural relevancy in treatment. A central component of cultural relevancy is ethnic and racial pairing of clients and providers. Twelve-month outcomes and service use were examined among 242 Hispanic and 2333 white clients seen in the first 3 years of the program. Analysis of covariance was used to evaluate the association of client-case manager ethnic and racial matching with changes in health status and service use from baseline to 12 months after program entry. At baseline, Hispanics had more serious problems than whites on several measures of psychiatric and substance abuse domains, and they also showed less improvement than whites over the next year on several measures of psychiatric status and service use. One significant association with ethnic matching was found: when treated by a Hispanic clinician, Hispanic clients showed less improvement in symptoms of psychosis. These results do not support the hypothesis that ethnic and racial matching improves outcomes or service use. Several explanations are offered for the results (authors).

Cultural Competence

Order #: 2624

Authors: Padgett, D.K., Patrick, C., Burns, B.J., Schlesinger, H.J.

Title: **Ethnic Differences in Use of Inpatient Mental Health Services by Blacks, Whites, and Hispanics in a National Insured Population.**

Source: Health Services Research 29(2): 135-153, 1994. (Journal Article: 18 pages)

Abstract: The authors examine whether ethnic differences exist in the use of inpatient mental health services when the usually confounding effects of minority status and culture are minimized or controlled. Analyses were conducted using a national insurance claims database for 1.2 million federal employees and their dependents insured by the Blue Cross/Blue Shield (BC/BS) Federal Employees Plan (FEP). The Andersen-Newman model of health utilization was used to analyze predisposing, enabling, and need variables as predictors of inpatient mental health utilization during 1983. No significant differences were found among blacks, whites, and Hispanics in the probability of a psychiatric hospitalization, or in the number of inpatient psychiatric days. Ethnic differences in use of inpatient mental health services were not significant in this generously insured population. The authors contend that further research involving primary data collection among large and diverse samples of ethnic individuals is needed to fully examine the effects of cultural and socioeconomic differences on the use of mental health services (authors).

Order #: 3268

Authors: Padilla, A.M., (ed.).

Title: **Hispanic Psychology: Critical Issues in Theory and Research.**

Source: Newbury Park, CA: Sage Publications, 1995. (Book: 381 pages)

Abstract: This book provides students, researchers and practitioners with a comprehensive overview of Hispanic psychology and its application in clinical settings. The topics covered include: adaptation to a new culture; the role of the family in acculturation; ethnic identification for Hispanics; and changing gender roles in Hispanic culture. The social problems the authors explore are not simple -- they include Chicano male gang members, homeless female AIDS victims, as well as some of the barriers to treatment Hispanic individuals may encounter (authors).

Available From: Sage Publications, 2455 Teller Road, Thousand Oaks, CA 91320, (805) 499-0721. (COST: \$26.00) (ISBN 0-8039-5553-7)

Order #: 3435

Authors: Patel, V., Winston, M.

Title: **Universality of Mental Illness Revisited: Assumptions, Artifacts and New Directions.**

Source: British Journal of Psychiatry (165): 437-440, 1994. (Journal Article: 4 pages)

Abstract: This article discusses the concept of "universality of mental illness." This concept implies the existence, across a wide range of cultures, of similar categories of mental illness, as defined by the Diagnostic and Statistical Manual (DSM), with similar presentations and/or comparable prevalence rates. While the authors agree with the issue of prevalence across cultures, they contend that applying specific categories of mental illness across cultures imposes restrictions on cross-cultural psychiatry which limit its validity.

Cultural Competence

Order #: 8289

Authors: Phillips, D., Leff, H.S., Kaniasty, E., Carter, M., Paret, M., Conley, T., Sharma, M.

Title: **Culture, Race and Ethnicity (c/r/e) in Performance Measurement: A Compendium of Resources.**

Source: Cambridge, MA: The Evaluation Center@HSRI, 1999. (Resource Guide: 86 pages)

Abstract: This compendium is a compilation of resources and readings from those interested in the area of providing or evaluating culturally competent mental health care. The compendium provides resources for several elements of a culturally competent mental health system as the Evaluation Center has conceptualized it. The topics covered are: cultural competence standards; community needs assessment; measures of identity; culturally competent diagnosis, assessment, and outcomes measures; and measures of adherence to cultural competence standards.

Available From: The Evaluation Center@HSRI, The Evaluation Center @HSRI, 2269 Massachusetts Ave., Cambridge, MA. 02140, (617) 876-0426, <http://tecathsri.org>. (COST: \$15.00)

Order #: 12203

Authors: Potter, M.

Title: **Older Homeless Sexual Minorities: Preliminary Data and Program Evaluation (DRAFT).**

Source: Seattle, WA: University of Washington, 1997. (Unpublished Paper: 25 pages)

Abstract: This study reviews a project providing outreach, engagement, and services for older, homeless sexual minorities, a group about which little is known. Stemming from the author's involvement as a mental health practitioner at a shelter for men over 50, nine clients are identified for assessment and services. Data collected during this process is presented, including one case study. A case for sexual minority specific case management is made and a reduction in client needs at assessment versus needs after case management of 75% is demonstrated. Further results show an incidence of mental illness among participants of 89%, substance abuse of 45% and medical complaints of 89%. Causes of homelessness and contributing factors of sexual minority status are also explored (author).

Available From: Marc Potter, MSW, Health Care for the Homeless Downtown Emergency Service Center, 507 Third Avenue, Box 359945, Seattle, WA 98104, (206) 464-1570, marcp@u.washington.edu.

Order #: 2441

Authors: Randell-David, E.

Title: **Strategies for Working With Culturally Diverse Communities and Clients.**

Source: Unknown, NJ: Association for the Care of Children's Health, 1989. (Manual: 96 pages)

Abstract: This manual is designed for primary care and mental health care providers to increase their understanding of the cultural aspects of health and illness. It is also designed to assist them in providing culturally sensitive treatment and services. Before discussing specific cultural information, key cross-cultural principles and definitions are reviewed. In addition, guidelines for using language interpreters to enhance cross-cultural communication are presented.

Available From: Association for the Care of Children's Health, 19 Mantua Rd , Unknown, NJ 09061, (609) 224-1742.

Cultural Competence

Order #: 12601

Authors: Rawles, P.D., Underwood, L.A.

Title: **Human Relations and Diversity Awareness: Revised.**

Source: Virginia Beach, VA: Regent University, 2002. (Curriculum: 97 pages)

Abstract: The overall goal of this training curriculum is to assist participants in becoming culturally competent through improving their diversity awareness and human relations skills. The target audience for the curriculum is professionals from the following disciplines: Juvenile Justice, Mental Health, Substance Abuse, Law Enforcement and Child Welfare. The curriculum is designed to equip jurisdictional agencies and their personnel in the areas of cultural competency, communication and engagement strategies. The curriculum focuses on each of these areas because they are interrelated and proficiency in each is necessary to effectively manage cross-cultural encounters and interpersonal relations. Instructional approach includes didactic along with group and individual activities. The curriculum's flexible design format, allows the training to be tailored to the needs of the jurisdiction and the participants. Some specific objectives of the training curriculum are to improve relations and perceptions between jurisdictions and diverse populations they serve, successful management of cross-cultural encounters and interpersonal relations and establish open channels of communication and foster collaborative relationships within the workplace (authors).

Available From: Portia D. Rawles, Regent University, School of Psychology, 1000 Regent University Drive, CRB 215, Virginia Beach, VA 23464, (800) 373-5504, portraw@regent.edu, <http://www.regent.edu>.

Order #: 11833

Authors: Razzano, L., Cook, J.A.

Title: **Gender and Vocational Assessment of People with Mental Illness: What Works for Men May Not Work for Women.**

Source: Journal of Applied Rehabilitation Counseling 25(3): 22-31, 1994. (Journal Article: 10 pages)

Abstract: This study examines the effect of gender on standardized, computer-based vocational assessments. Findings suggest significant gender differences on several McCarron-Dial subtest measures, vocational factors and predicted job levels. The authors assert that no gender differences were discovered with regard to subsequent rates of employment, hourly salaries, or number of hours worked per week. Implications for these findings as well as recommendations for future studies are discussed (authors).

Order #: 2415

Authors: Reeves, K.

Title: **Hispanic Utilization of an Ethnic Mental Health Clinic.**

Source: Journal of Psychosocial Nursing 24(2): 23-26, 1986. (Journal Article: 4 pages)

Abstract: Underutilization of mental health care among Hispanics has been well documented. According to the author, it is the failure of mental health facilities to accommodate the needs of Hispanics that is the major factor in their underutilization. This article describes "La Clinica Nueva Esperanza," a Hispanic mental health clinic in Orange County, Calif. which provides culturally sensitive treatment services. Client demographic and utilization patterns are discussed.

Cultural Competence

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- Authors:** Research and Training Center, Regional Research Institute for Human Services.
- Title:** **Developing Culturally Competent Organizations.**
- Source:** Focal Point 8(2): 1-8, 1994. (Journal Article: 8 pages)
- Abstract:** This article discusses the increase of cultural awareness within the delivery of health and human services. The (CASSP's) Child Adolescent Service System Program's cultural competence model emerged as a response to the objective of providing culturally appropriate services to children with mental, emotional or behavioral disorders and their families. While cultural groups of color and non-ethnic cultural groups share some common ground, the distinction between the two is little understood. Hence, according to the authors, cultural competence is a set of congruent attitudes, practices, policies and structures that come together in a system or agency and enable professionals to work more effectively in cross-cultural situations. The authors contend that there are many culturally-informed service delivery models emerging within various fields.
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- Order #: 2770**
- Authors:** Rider, M.E., Mason, J.L.
- Title:** **Issues in Culturally Competent Service Delivery: An Annotated Bibliography.**
- Source:** Portland, OR: Portland State University, Research and Training Center on Family Support and Children's Mental Health, 1990. (Bibliography: 83 pages)
- Abstract:** This annotated bibliography was developed as part of the Minority Cultural Initiative Project to help explore the issue of culturally competent service delivery to children and youth with emotional disabilities and their families. The bibliography is divided into five distinct sections: one that addresses multicultural issues and four that address culturally-specific issues. The multicultural section identifies issues that are applicable to more than one group, while the culturally-specific sections address issues relevant to African Americans, Asian Americans and Pacific Islanders, Hispanic/Latino Americans and Native Americans. To enhance its utility, the bibliography has been indexed by subject and by author (authors).
- Available From:** Research and Training Center on Family Support and Children's Mental Health, Graduate School of Social Work, Portland State University, P.O. Box 751, Portland, Oregon 97207-0751, (503) 725-4040. (COST: \$5).
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- Order #: 2408**
- Authors:** Rodenhauser, P.
- Title:** **Cultural Barriers to Mental Health Care Delivery in Alaska.**
- Source:** Journal of Mental Health Administration 21(1): 60-70, 1994. (Journal Article: 10 pages)
- Abstract:** This article describes some of the cultural barriers to mental health care delivery to the American Indian and Alaska Native communities in Alaska. Because American Indians and Alaska Natives have experienced an ongoing process of deculturation, outmigration, and alienation, they distrust Alaskan mental health care providers. The author discusses the implications for administrative and clinical endeavors in culturally diverse settings elsewhere (author).
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- Order #: 3233**

Cultural Competence

Order #: 2671

Authors: Rodriquez, O., Lessinger, J., Guarnaccia, P.

Title: The Societal and Organizational Contexts of Culturally Sensitive Mental Health Services: Findings from an Evaluation of Bilingual/Bicultural Psychiatric Programs.

Source: Journal of Mental Health Administration 19(3): 213-221, 1992. (Journal Article: 8 pages)

Abstract: This article argues that researchers and practitioners concerned with mental health services for Hispanics and other minority groups need to pay more attention to the societal and organizational contexts that facilitate or impede the development of effective culturally sensitive psychiatric programs. Using data from evaluations of three New York psychiatric programs for Hispanic patients with serious mental illnesses, the authors discuss societal and organizational factors that influenced the programs' development. Findings indicated that societal factors such as fiscal crises and the shortage of Hispanic mental health professionals were negative influences on culturally competent program development. Among organizational factors, hospital administrative support and program leadership were found to mediate the effects of societal forces upon the programs (authors).

Order #: 2609

Authors: Rogler, L.H., Cortes, D.E., Malgady, R.G.

Title: The Mental Health Relevance of Idioms of Distress: Anger and Perceptions of Injustice Among New York Puerto Ricans.

Source: Journal of Nervous and Mental Disease 182(6): 327-330, 1994. (Journal Article: 4 pages)

Abstract: This article describes a study that examined idioms of distress among Puerto Ricans living in New York City, and how those idioms affect utilization of mental health services. The first objective was to uncover, by means of focus group discussion, idioms and to develop psychometric measures of them. The second objective was to examine the mental health relevance of the idioms in relation to professionally established mental health measures of anxiety, depression, and somatization, and in relation to whether or not the respondents were using professional mental health services. According to the authors both study objectives form part of a more general effort to develop a culturally based understanding of mental health in the community and how such health is related to professional assessments and services (authors).

Order #: 2407

Authors: Rosenthal, E., Carty, L.A.

Title: Impediments to Services and Advocacy for Black and Hispanic People with Mental Illness.

Source: Washington, DC: Mental Health Law Project, 1988. (Report: 30 pages)

Abstract: Far more often than other consumers of public services, black and Hispanic individuals with mental disabilities continue to encounter particular barriers to appropriate care and to adequate protection of their rights. This paper examines some of the special problems faced by black and Hispanic people with regard to hospitalization, outpatient treatment and rights protection, and explores the major barriers impeding their access to appropriate mental health and protection and advocacy services (authors).

Available From: Bazelon Center for Mental Health Law Study, 1101 15th Street, NW Suite 1212 Washington, DC 20005, (202) 467-5730, www.bazelon.org.

Order #: 3416

Authors: Ruiz, P.

Title: Assessing, Diagnosing and Treating Culturally Diverse Individuals: A Hispanic Perspective.

Source: Psychiatric Quarterly 66(4): 329-341, 1995. (Journal Article: 13 pages)

Abstract: This articles attempts to demonstrate the unique role of culture in assessment and diagnoses of individuals from different ethnic and cultural backgrounds using Hispanic-Americans as an example. Cultural barriers to access and retention of Hispanic-American patients in the mental health delivery system are discussed.

Cultural Competence

Order #: 11470

Authors: Ruiz, P.

Title: Hispanic Access to Health/Mental Health Services.

Source: Psychiatric Quarterly 73(2): 85-91, 2002. (Journal Article: 7 pages)

Abstract: Currently, the Hispanic population of the United States is growing very rapidly. Despite the significance of this growth and the fact that it is expected that Hispanics will be soon the largest ethnic minority group in this country, the access to health/mental health care for the Hispanic population is rather limited. Many factors are currently affecting the Hispanics' access to health/mental health care services. Among them, cultural and language barriers, insufficient numbers of Hispanic manpower in the health care professions, low educational and socioeconomic levels, the high number of uninsured Hispanics, and ethnic and racial prejudices and discrimination. In this commentary, the author address the factors that interfere with the Hispanics' access to health/mental health care, and advance recommendations geared to alleviate and/or resolve this critical problem (author).

Order #: 11738

Authors: Saldana, D.

Title: Cultural Competency: A Practical Guide for Mental Health Service Providers.

Source: Austin, TX: The Hogg Foundation, 2002. (Guide: 23 pages)

Abstract: Cultural competency can be defined as a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enable them to work effectively in cross-cultural situations. The cultural appropriateness of mental health services may be the most important factor in the accessibility of services by people of color. Developing culturally sensitive practices can help reduce barriers to effective treatment utilization. This guidebook provides recommendations on how providers can improve the delivery of mental health services to culturally diverse groups using appropriate assessments, translators and outreach.

Available From: Hogg Foundation for Mental Health, The University of Texas at Austin, P. O. Box 7998 , Austin, Texas 78713, (888) 404-4336, <http://hogg1.lac.utexas.edu/>.

Order #: 2852

Authors: Sampson, E.E.

Title: Identity Politics: Challenges to Psychology's Understanding.

Source: American Psychologist 48(12): 1219-1230, 1993. (Journal Article: 12 pages)

Abstract: A variety of collective movements, including minority communities, the gay and disabled communities and others argue that they have been denied their own voice in establishing the conditions of their lives and in determining their own identity and subjectivity. According to the author, this poses a serious challenge to psychology's suitability as a discipline capable of responding to the full diversity of human nature. This article explores these claims, develops a discursive framework as an alternative to current psychological analysis, and suggests how that framework would require a transformation in current psychological theory, research, and practice (author).

Cultural Competence

Order #: 11702

Authors: Sherer, R.A.

Title: Surgeon General's Report Highlights Mental Health Problems Among Minorities.

Source: Psychiatric Times 19(3): 1-4, 2002 (Journal Article: 4 pages)

Abstract: In this article, the author uses historical and sociocultural factors to analyze the particular mental health care needs of each minority group. Specific mental health care needs for both adults and children are discussed and attention is given to high-speed populations and culturally-influenced syndromes within the group. The article also includes a discussion of the availability of care, the appropriateness of available treatments, diagnostic issues and best practices related to the group. The author provides bulleted listings of findings contained in the report on African Americans, American Indians, and Alaskan Natives, Hispanic Americans, Asian Americans and Pacific Islanders (author).

Order #: 8785

Authors: Siegel, C., Chambers, E.D., Haugland, G., Bank, R., Aponte, C., McCombs, H.

Title: Performance Measures of Cultural Competency in Mental Health Organizations.

Source: Administration and Policy in Mental Health 28(2): 91-106, 2000. (Journal Article: 16 pages)

Abstract: The authors utilized numerous documents created by advisory groups, expert panels and multicultural focus groups to develop performance measures for assessing the cultural competency of mental health systems. Competency was measured within three levels of organizational structure: administrative, provider network, and individual care-giver. Indicators, measures and data sources for needs assessment, information exchange, services, human resources, plans and policies, and outcomes were identified. Procedures for selection and implementation of the most critical measures are suggested (authors).

Order #: 12615

Authors: Siegel, C., Haugland, G.

Title: The Convergence Between Cultural Competency and Evidence-Based Practice.

Source: Baltimore, MD: National Association of State Mental Health Program Directors Research Institute, 2003. (Presentation: 20 pages)

Abstract: This paper indicates that both national and state mental health agencies are promoting the dissemination and implementation of evidence-based practices into the service delivery community. The authors question whether evidence-based practices can be expected to work in environments in which issues related to cultural diversity have not yet been addressed. The authors state that Cultural Competency (CC) has been posited as a mechanism to reduce the mental health disparities associated with race, ethnicity and language. Service delivery entities in which CC has been implemented will be aware of the need to evaluate the suitability of an evidence-based practice to the cultural groups it serves, and if deemed suitable, to adapt these practices for these groups. Fidelity to the models of evidence-based practice needs to be measured in terms of these adaptations, and appraisals of success of these practices need to include culture specific outcomes. The implementation of evidence-based practices should walk hand in hand with the adoption of CC into a service delivery entity (authors).

Available From: National Association of State Mental Health Program Directors Research Institute, 66 Canal Center Plaza, Suite 302, Alexandria, VA 22314, (703) 739-9333, <http://www.nri-inc.org>.

Cultural Competence

Order #: 11852

Authors: Siegel, C., Haugland, G., Davis-Chambers, E.

Title: **Cultural Competency Methodological and Data Strategies to Assess the Quality of Services in Mental Health Systems of Care: A Project to Select and Benchmark Performance Measures of Cultural Competency.**

Source: Orangeburg, NY: Center for the Study of Issues in Public Mental Health, 2002. (Report: 89 pages)

Abstract: This study used an implementation logic model which was developed related to the stages of implementation of cultural competency (CC) procedures within a mental health care organization. Measures were identified related to each of these stages for three organizational levels: administrative, provider and individual. An expert panel of multicultural stakeholders reduced the set to a feasible list and made an assessment of the earliest stage in the implementation process in which a measure could be applied. Twenty good practice sites were identified by the Expert Panel, and a telephone survey was used to query key informants in these sites on the valuation of these measures in their organizations. The Panel used the survey responses to set benchmarks, but set them at the highest levels that they deemed could be achieved by an organization, rather than on the norms of the survey data, so that the benchmarks would serve to signal the directions in which organizations must move in order to achieve higher levels of CC. Benchmarks were set for the administrative and service entities levels. It was recognized that CC had to be in place at the organizational levels before individual caregivers and support staff could be evaluated for their cultural competence. Problematic issues related to financial implications were identified around definitions of cultural groups, threshold levels, and service coverage areas. The selected measures were re-reviewed to insure that they could be used to guide an implementation process and to support the integration of CC throughout the organizational levels of an organization. The selected list speaks to the structures that should exist, the processes that should take place and the outcomes that should be achieved to indicate that CC is in place.

Available From: Center for the Study of Issues in Public Mental Health, Nathan S. Kline Institute, 140 Old Orangeburg Road, Orangeburg NY 10962, (845) 398-6582, www.rfmh.org/csipmh/other_cc.pdf

Order #: 12151

Authors: Snowden, L.

Title: **Bias in Mental Health Assessment and Intervention: Theory and Evidence.**

Source: American Journal of Public Health 93(2): 239-242, 2003. (Journal Article: 4 pages)

Abstract: A recent Surgeon General's report and various studies document racial and ethnic disparities in mental health care, including gaps in access, questionable diagnostic practices, and limited provision of optimum treatment. Bias is a little studied but viable explanation for these disparities. It is important to isolate bias from other barriers to high-quality mental health care and to understand bias at several levels. More research is needed that directly evaluates the contribution of particular forms of bias to disparities in the area of mental health care.

Order #: 6276

Authors: Snowden, L.R.

Title: **Ethnic Minority Populations and Mental Health Outcomes.**

Source: New Directions in Mental Health Services 71: 79-87, 1996. (Journal Article: 9 pages)

Abstract: This article presents a framework for evaluating outcomes from mental health intervention in ethnic minority populations, reviews existing outcomes research, and describes ways to increase the quantity and quality of minority outcomes research. The author begins to lay a foundation for the programmatic study of the impact of mental health services on ethnic minority populations. The intention is to provide a preliminary guide to administrators and policymakers working to promote accountability in the delivery of mental health care (author).

Cultural Competence

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- Authors:** Society for Human Resource Management. **Order #: 12600**
- Title:** Workplace Diversity Toolkit.
- Source:** Alexandria, VA: Society for Human Resource Management, 1999. (Toolkit: 45 pages)
- Abstract:** This toolkit addresses several key issues relative to understanding and communicating diversity as a business imperative. Frequently, critics of diversity initiatives charge that such initiatives operate as an outgrowth of a politically correct environment. They contend that organizations have diversity initiatives just because they are the right thing to do. It has become increasingly apparent, however, that appropriate management of a diverse workforce is critical for organizations that seek to improve and maintain their competitive advantage. Focusing on diversity and looking for more ways to be a truly inclusive organization-one that makes full use of the contributions of all employees-is not just a nice idea; it is good business sense that yields greater productivity and competitive advantage (authors).
- Available From:** Society for Human Resource Management, 1800 Duke Street, Alexandria, VA 22314, (800) 283-SHRM, <http://www.shrm.org>
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- Authors:** Sodowsky, G.R., Taffe, R.C., Gutkin, T.B., Wise, S.L. **Order #: 8863**
- Title:** Development of the Multicultural Counseling Inventory: A Self-Report Measure of Multicultural Competencies.
- Source:** Journal of Counseling Psychology 41(2): 137-148, 1994. (Journal Article: 11 pages)
- Abstract:** This article presents the Multicultural Counseling Inventory (MCI), a self-report instrument that measures multicultural counseling competencies. Study 1 comprised 604 psychology students, psychologists, and counselors in a Midwestern state. In Study 2, respondents were a national random sample of 320 university counselors. Instrument analysis included exploratory principal-axis factor analysis with oblique rotation, assessment of factor congruence between the factor structures of the 2 samples. LISREL confirmatory factor analysis to test the relative goodness of fit of 6 competing factor models of the MCI, and tests of internal consistency reliabilities. Results indicated that the MCI has 4 factors: Multicultural Counseling Skills, Multicultural Awareness, Multicultural Counseling Relationship, and Multicultural Counseling Knowledge. A higher order, more general multicultural counseling factor is also discussed (authors).
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- Authors:** Solomon, P. **Order #: 5949**
- Title:** Racial Factors in Mental Health Service Utilization.
- Source:** Psychosocial Rehabilitation Journal 11(3): 1-12, 1988. (Journal Article: 12 pages)
- Abstract:** The author explains that concern is growing among mental health professionals about the treatment of minorities in the publicly funded mental health system. This article reports on the relationship between race and clinical characteristics, post-discharge from state psychiatric institutions. The study found that African Americans were somewhat more inclined to be diagnosed as schizophrenic and were more likely to connect with services post discharge but receive far fewer services than whites (author).

Cultural Competence

Order #: 11726

Authors: Tan, P.P., Ryan, E.

Title: Homeless Hispanic and Non-Hispanic Adults on the Texas-Mexico Border.

Source: Hispanic Journal of Behavioral Science 23(2): 239-249, 2001. (Journal Article: 11 pages)

Abstract: This article contrasts the demographics, familial relationships, vocational backgrounds, and personal experiences of homeless Hispanic adults with non-Hispanic adults living in the southwest border region of the United States. Using the point in time technique, data revealed that the Hispanic and non-Hispanic groups differed regarding their gender composition, language spoken, religious affiliation, educational experience, and domiciles. The article also discusses the differences between Hispanic and non-Hispanic groups' reasons for being homeless, what they considered the most important service provided by shelters, and what gave them hope during difficult times. This study provides an insight into the characteristics of people who are homeless living in the southwest border (authors).

Order #: 8388

Authors: Taylor, R.J., Ellison, C.G., Chatters, L.M., Levin, J.S., Lincoln, K.D.

Title: Mental Health Services in Faith Communities: The Role of Clergy in Black Churches.

Source: Social Work 45(1): 73-85, 2000. (Journal Article: 13 pages)

Abstract: A small but growing literature recognizes the varied roles that clergy play in identifying and addressing mental health needs in their congregations. This article examines the research, highlighting available information with regard to the process by which mental health needs are identified and addressed by faith communities. Areas and issues where additional information is needed also are discussed. Other topics addressed include client characteristics and factors associated with the use of ministers for personal problems, the role of ministers in mental health service delivery, factors related to the development of church-based programs and service delivery systems, and models that link churches and formal service agencies. A concluding section describes barriers to and constraints against effective partnerships between churches, formal service agencies, and the broader practice of social work. (authors)

Order #: 6710

Authors: Tirado, M.

Title: Tools for Monitoring Cultural Competence in Health Care.

Source: San Francisco, CA: Latino Coalition for a Healthy California, January 1996. (Report: 28 pages)

Abstract: This final report to the Office of Planning and Evaluation Health Resources and Services Administration addresses various aspects of cultural competence in health care that go beyond the basics of interpreters and translations of health promotion materials. Expert panels focused on three health conditions, asthma, diabetes, and hypertension, and evaluated the impact of cultural and linguistic factors in achieving adherence to the accepted standards of care for these conditions. The report provides a review of the literature, a discussion of the findings of the two physician panels and patient focus groups, and a discussion of the development of the two surveys, a patient satisfaction survey and a provider cultural competence self-assessment. To begin to develop tools that can be used in exploring the health status implications of sociocultural differences between patients and providers, the project team examined the degree to which accepted standards of primary health care need to be adapted to address the needs of patients from diverse cultural and linguistic backgrounds.

Available From: Latino Coalition for a Healthy California, 1535 Mission Street, San Francisco, CA 94103, (408) 582-3967

Cultural Competence

Order #: 9927

Authors: United States Department of Health and Human Services.

Title: **Mental Health: Culture, Race, and Ethnicity. A Report of the Surgeon General.**

Source: Washington, DC: U.S. Department of Health and Human Services, 2001. (Report: 203 pages)

Abstract: This supplement to Mental Health: A Report of the Surgeon General, documents the existence of striking disparities for minorities in mental health services and the underlying knowledge base. Racial and ethnic minorities have less access to mental health services than do whites. They are less likely to receive needed care. When they do receive care, it is more likely to be poor in quality. These disparities have powerful significance for minority groups and for society as a whole. A major finding of this Supplement is that racial and ethnic minorities bear a greater burden from unmet mental health needs and thus suffer a greater loss to their overall health and productivity. Ethnic and racial minorities do not yet completely share in the hope afforded by remarkable scientific advances in understanding and treating mental disorders. Because of preventable disparities in mental health services, a disproportionate number of minorities are not fully benefiting from, or contributing to, the opportunities and prosperity of our society (authors).

Available From: U.S. Department of Health and Human Services, (800) 789-2647, info@mentalhealth.org, www.mentalhealth.org/cre/execsummary.asp (SMA-01-3613).

Order #: 9928

Authors: United States Department of Health and Human Services.

Title: **Mental Health: Culture, Race, and Ethnicity. A Report of the Surgeon General-Executive Summary.**

Source: Washington, DC: U.S. Department of Health and Human Services, 2001. (Executive Summary: 13 pages)

Abstract: This is the executive summary of the United States Department of Health and Human Services report titled Mental Health: Culture, Race, and Ethnicity. Main findings are summarized and broken down, a Main Message and Recommendations are given, and the chapters are summarized with conclusions. The full report, a supplement to Mental Health: A Report of the Surgeon General, documents the existence of striking disparities for minorities in mental health services and the underlying knowledge base. Racial and ethnic minorities have less access to mental health services than do whites. They are less likely to receive needed care. When they do receive care, it is more likely to be poor in quality. These disparities have powerful significance for minority groups and for society as a whole. A major finding of this Supplement is that racial and ethnic minorities bear a greater burden from unmet mental health needs and thus suffer a greater loss to their overall health and productivity. Ethnic and racial minorities do not yet completely share in the hope afforded by remarkable scientific advances in understanding and treating mental disorders. Because of preventable disparities in mental health services, a disproportionate number of minorities are not fully benefiting from, or contributing to, the opportunities and prosperity of our society (authors).

Available From: U.S. Department of Health and Human Services, (800) 789-2647, info@mentalhealth.org, www.mentalhealth.org/cre/execsummary.asp (SMA-01-3613).

Order #: 10320

Authors: United States Department of Health and Human Services.

Title: **Culture, Race, and Ethnicity: A Supplement to Mental Health: A Report of the Surgeon General.**

Source: Washington, DC: U.S. Department of Health and Human Services, 2001. (Fact Sheet: 11 pages)

Abstract: This fact sheet addresses the challenges faced by youth of color who are in need of mental health care. Issues such as availability and access to services are discussed, as well as appropriateness and outcomes. Populations include: African-Americans, Latino/Hispanic Americans, Asian American/Pacific Islanders, and Native American Indians.

Available From: U.S. Department of Health and Human Services, (800) 789-2647, info@mentalhealth.org, www.mentalhealth.org/cre/factsheet.asp

Cultural Competence

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| <p>Authors: United States Department of Health and Human Services.</p> <p>Title: Assuring Cultural Competence in Health Care: Recommendations for National Standards and Outcomes-Focused Research Agenda.</p> <p>Source: Federal Register 65(247): 80865-80879, 2000. (Report: 12 pages)</p> <p>Abstract: The national standards issued by the U.S. Department of Health and Human Services' (HHS) Office of Minority Health (OMH) respond to the need to ensure that all people entering the health care system receive equitable and effective treatment in a culturally and linguistically appropriate manner.</p> <p>Available From: U.S. Department of Health and Human Services, Office of Minority Health, www.omhrc.gov/CLAS/</p> | <p>Order #: 8895</p> |
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| <p>Authors: Vargas, L.A., Koss-Chionino, J.D. (eds.).</p> <p>Title: Working With Culture: Psychotherapeutic Interventions With Ethnic Minority Children and Adolescents.</p> <p>Source: Indianapolis, IN: Jossey-Bass Publishers, 1992. (Book: 328 pages)</p> <p>Abstract: Ethnic minority children and adolescents often face unique challenges in their emotional development and in their adjustment to mainstream society. This book presents culturally responsive psychotherapeutic interventions that can be used by mental health providers for many problems commonly experienced by ethnic minority children. Each chapter offers case examples, along with a clinical how-to approach for dealing with problems such as cross-racial foster care, gang involvement, child abuse, and substance abuse. Among the many interventions presented in the book, the authors demonstrate how racial socialization can be used as a tool in treating African American children, describe a cognitive-behavioral approach to drug abuse prevention and intervention for American Indian adolescents, and discuss how play therapy can help in the exploration of cultural issues with Hispanic and Latino American children (authors).</p> <p>Available From: Jossey-Bass Inc., Publishers, c/o Wiley, 10475 Crosspoint Blvd., Indianapolis, IN 46256, (877) 762-2974, http://www.josseybass.com/WileyCDA/.</p> | <p>Order #: 2566</p> |
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| <p>Authors: Vega, W.A., Murphy, J.W.</p> <p>Title: Culture and the Restructuring of Community Mental Health.</p> <p>Source: Westport, CT: Greenwood Press, 1990. (Book: 163 pages)</p> <p>Abstract: This book is about mental health care, especially for cultural minorities and the urban poor. Its purpose is to examine what has been learned during the last three decades of public mental services, and to lay a theoretical foundation for a future public mental health system that is more responsive to the needs of cultural minorities. The rise of the Community Mental Health Movement and its impact on services to cultural minorities are also discussed (authors).</p> <p>Available From: Greenwood Publishing Group, 88 Post Road West, Box 5007, Westport, CT 06881, (800) 225-5800. (COST: \$49.95) (ISBN: 03-132688-78)</p> | <p>Order #: 2406</p> |
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Cultural Competence

Order #: 12611

Authors: Wells, K., Klap, R., Koike, A., Sherbourne, C.

Title: Ethnic Disparities in Unmet Need for Alcoholism, Drug Abuse, and Mental Health Care.

Source: American Journal of Psychiatry 158(12): 2027-2032, 2001. (Journal Article: 6 pages)

Abstract: This study examined differences by ethnic status in unmet need for alcoholism, drug abuse, and mental health treatment. Recent policy has focused on documenting and reducing ethnic disparities in availability and quality of health care. Data were from a follow-up survey of adult respondents to a 1996-1997 national survey. Non-Hispanic whites, African Americans, and Hispanics were compared in access to alcoholism and drug abuse treatment and mental health care (primary or specialty), unmet need for care, satisfaction with care, and use of active treatment for alcoholism, drug abuse, and mental health problems in the prior 12 months. The authors document greater unmet need for alcoholism and drug abuse treatment and mental health care among African American and Hispanics relative to whites. New policies are needed to improve access to and quality of alcoholism, drug abuse, and mental health treatment across diverse populations (authors).

Order #: 11945

Authors: Whaley, A.L.

Title: Cultural Mistrust and Mental Health Services for African Americans: A Review and Meta-Analysis.

Source: The Counseling Psychologist 29(4): 513-531, 2001. (Journal Article: 18 pages)

Abstract: In this article, the authors conduct a meta-analysis of the correlations between cultural mistrust in African Americans and their attitudes and behaviors related to mental health service use, comparing them to the correlations between cultural mistrust and measures relevant to other psychosocial domains. The authors also test some methodological hypotheses about the Cultural Mistrust Inventory, the most popular measure of cultural mistrust. The meta-analysis suggests that the negative effects of African American's cultural mistrust in interracial situations are not unique to counseling and psychotherapy but represent a broader perspective (authors).

Order #: 6930

Authors: Whaley, A.L.

Title: Ethnic and Racial Differences in Perceptions of Dangerousness of Persons With Mental Illness.

Source: Psychiatric Services 48(10): 1328-1330, 1997. (Journal Article: 3 pages)

Abstract: Ethnic and racial differences in the stigma associated with mental illness in the general population were examined through secondary analysis of data from a nationally representative sample on attitudes toward homeless and homeless mentally ill people. American Indian, Asian-Pacific Islander, black, and Hispanic respondents were compared with white respondents to determine if the groups differed in their perception of the dangerousness of mental patients and if contact with mentally ill persons moderated ethnic and racial differences in perceptions of dangerousness. Results showed that Asian and Hispanic respondents perceived mental patients as significantly more dangerous than did white respondents. Increased contact with mentally ill people was associated with lower levels of perceived dangerousness among white respondents but not among black respondents. The author suggests methodological improvements on this study for future research (authors).

Cultural Competence

Order #: 11883

Authors: Whaley, A.L.

Title: Demographic and Clinical Correlates of Homelessness Among African Americans with Severe Mental Illness.

Source: Community Mental Health Journal 38(4): 327-338, 2002. (Journal Article: 10 pages)

Abstract: This article compares the demographic and clinical characteristics of African Americans with and without an immediate history of homelessness upon entry into a state psychiatric hospital. The author focuses on consumers who have never been married, have lifetime comorbid substance abuse, severe paranoia, and high self-esteem. These four significant predictors from the logit model were used to assign patients to different risk groups. There was a significant dose-response relationship between the percentage of cases of homelessness and the number of risk indicators (authors).

Order #: 2510

Authors: Ying, Y.W., Hu, L.

Title: Public Outpatient Mental Health Services: Use and Outcome Among Asian Americans.

Source: American Journal of Orthopsychiatry 64(3): 448-455, 1994. (Journal Article: 8 pages)

Abstract: This article reports the findings of a study that examined the use of public outpatient mental health services and treatment outcomes for Chinese, Japanese, Filipino, Korean, and Southeast-Asian Americans in Los Angeles County. Findings indicate that Filipinos were underrepresented in the system, whereas Southeast Asians were overrepresented, had higher utilization rates, but showed less improvement than did the other groups. The influence of therapist-client ethnic match and of clinicians' professional status were assessed, and recommendations are made for further research based on the findings (authors)

Order #: 8307

Authors: Yutzenka, B.A., Bazemore, E.T., Caraway, S.J.

Title: Four Winds: The Evolution of Culturally Inclusive Clinical Psychology Training for Native Americans.

Source: International Review of Psychiatry 11(2/3): 129-135, 1999. (Journal Article: 7 pages)

Abstract: This article provides an overview of an evolving culturally inclusive training program for Native Americans called Four Winds. The program provides a comprehensive educational experience that is emphasizes achieving a balance between the Native culture and academic training. A brief overview of cross-cultural training models in psychology is presented, followed by a description of Four Winds.